Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	ission Identification Number (SID)			
Taxpay	er's name	Social securit	y number	
HAR	UN SAI KUMAR GENTE	701-56-	-7166	
	's name	Spouse's soc	al security n	umber
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	∣ ∵year you a	re authori:	zing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	105,043.
2	Total tax		2	15,934.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,781.
4	Amount you want refunded to you		4	2,847.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and let	eep a cop	of your	return)
return to send for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmoth my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of violation of the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indigent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I authorize Funds Withdrawal Consent.	itter, or electro- ection of the tr S. Treasury ar cated in the ta in to debit the the authoriza- uests must be processing of ayment. I furt	nic return o ansmission, nd its design ax preparation entry to this tion. To revereceived in the electrorer acknow	riginator (ERO) (b) the reason nated Financial on software for account. This oke (cancel) a o later than 2 nic payment of ledge that the
	ayer's PIN: check one box only			
> \(\)		my PIN 6	7 1 6	6 as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, i't enter all ze	but
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Your	signature ▶ Date ▶			
Snou	se's PIN: check one box only			
Spou		my DIN		00 my
L	I authorize to enter or generate	_	er five digits,	as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter all ze	
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Spous	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	III Certification and Authentication — Practitioner PIN Method Only			
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 6 1 er all zeros	9 8 9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in accord	dance with the
EBO'	s signature ▶ Date ▶			
ENU S	ERO Must Retain This Form — See Instructions			
	ENU WUSI NEIGHT HIS FORM — See INSTRUCTIONS			

Don't Submit This Form to the IRS Unless Requested To Do So

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

2022	
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OMB No. 1545-0074

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

one box. If you checked the MRS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Vour first name and middle initial Last name GRNTE Home address (number and street). If you have a P.O. box, see instructions. Home address (number and street). If you have a P.O. box, see instructions. Home address (number and street). If you have a P.O. box, see instructions. Home address (number and street). If you have a P.O. box, see instructions. Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your CO 80112 CO 80112 Foreign portwince/state/country Foreign province/state/country Foreign province/st	Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	hous	ehold (HOF	l)		ifying surv ıse (QSS)	iving
Vour social security number Apt. no. Fresidential Election Campaign Chock here if you have a P.O. box, see instructions. Apt. no. H3	one box.				our spouse. If you	checke	ed the HOH or	r QSS	S box, ente	r the c	hild's	name if th	e qualifying
If pinit return, spouse's first name and middle initial Last name Apt. no. Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Home address (number and street), If you have a P.O. box, see instructions. Apt. no. However, and the province of the province	Your first name		• • •		me					Yo	ur so	cial securit	y number
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City, town, or post office. It you have a foreign address, also complete spaces below. State ZIP code State ZIP code State ZIP code State SIP code State SIP code S				_									
State City town, or post office. If you have a foreign address, also complete spaces below. CO	Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pr	esider	ntial Election	on Campaig
ENGLEMOD Solution State Solution State Solution State Solution Solutio	12656 RC	OSEV	ELT LN						Н3				
ENGLEKOOD Foreign country name	City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Stat	te	ZIP	code			0,	•
Spouse Standard	ENGLEWOO	DD				CO)	80	112		•		_
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). Yes No	Foreign country	/ name		F	Foreign province/stat	e/count	у	Fore	ign postal co	de yo	ur tax		
Standard Deduction	 Digital	At an	y time during 2022, did you: (a) red	ceive (as	a reward, award, o	or payn	nent for prope	erty o	r services);	or (b)	sell,		
Age/Blindness Vou: Were born before January 2, 1958 Are blind Dependents Spouse itemizes on a separate return or you were a dual-status alien Dependents See instructions):	Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financia	al intere	est in a digital	asse	t)? (See ins	structio	ons.)	Yes	⊠ No
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents han four dependents, see instructions and check here	Standard Deduction			•			a dependent						
Comparison Com			_		_		Was bo	rn be	fore Janua	ry 2, 1	958	Is bli	ind
If more than four dependents, see instructions, see instructions and check here	Dependents	s (see	instructions):		(2) Social secur	rity						ies for (see	instructions)
than four dependents, see instructions and check here	•	•	•			,		.	Child ta	x credit	t	Credit for oth	ner dependent
Income	than four												
Income Income Income Income													
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1b Household employee wages not reported on Form(s) W-2 1c Tip income not reported on line 1a (see instructions) 1c W-2 here, Also attach Forms 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form 8995 instructions) 1d Medicaid waiver payments not reported on Form 8995.A 1d Medicaid waiver payments not reported on Form 8995.A 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments not reported on Form 8995.A 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Medicaid waiver payments on Form 8995.A 1d Dottactions 1d Dottactions 1d Dottactions 1d Dottactions 1d Dottactions 1d Dottactions 1d Dott	and check												
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 8839, line 26 Employer-provided adoption benefits from Form 8839, line 29 Wages from Form 8919, line 6 Mother earned income (see instructions) Tax Add lines 1 a through 1h Add lines 1 a through 1h Tax Add lines 1 a through 1h Add lines 1 a through 1h Attach Sch. B Tax -exempt interest Add lines 1 a through 1h Add lines 1 a through	here												
Hattach Form(s) W-2 here. Also W-2 here. Also W-2G and 1099-Ri if tax was withheld. If you did not get a Form W-2, see instructions. If Employer-provided adoption benefits from Form 8839, line 29 W-2, see instructions. It my was withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form 8919, line 6 Other earned income (see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you did not get a Form W-2, see instructions) It you have a was a provided adoption benefits from Form 8839, line 29 It you have a was a provided adoption benefits from Form Sendule 1, line 10 It you did not get a Form W-2, see instructions) It you have a was a provided adoption benefits from Form Sendule 1, line 10 It you cleat to use the lump-sum election method, check here get instructions) It you lead to use the lump-sum election method, check here get instructions) It you lead to use the lump-sum election method,	Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	11	<u>.6,889.</u>
W-2 here. Also attach Forms W-2G and 1099-Rif tax was withheld. If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions If you did not get a Form W-2, see instructions In the component of the properties of mire form 8919, line 6 If you did not get a Form W-2, see instructions In the component of the properties of the get instructions In the component of the properties of the growth of the get instructions In the component of the properties of the growth of the		b	Household employee wages not r	reported	on Form(s) W-2.						1b		
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	` ,	С	Tip income not reported on line 1	a (see ins	structions)						1c		
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11f Wages from Form 8919, line 6 1g 1g 1h 0. Wez, see instructions. i Nontaxable combat pay election (see instructions) 1i 1 1 1 1 1 1 1 1	attach Forms	d	• •	•	. ,	instru	ctions)				1d		
## was withheld. If you did not gear a form by the first of the form and any box under standard possensity. \$12,950\$ Mared filing surriving spouse, \$25,900\$ Head of household, \$19,400\$ Find you pleat a form and any box under standard possension. \$10		е	•		*						_		
Deduction for Single or Married filing spearately, \$12,950 Married filing surviving spouse, \$25,900 Married filing surviving spouse, \$25,900 Married filing spouse, \$25,900 Married filing shousehold, \$19,400 Married filing standard deduction for Surviving spouse, \$25,900 Married filing standard of the foliage of the folia	was withheld.	f									_		
W-2, see instructions. I Nontaxable combat pay election (see instructions)	If you did not	g											
Instructions. Z Add lines 1a through 1h Attach Sch. B at required. 3a Qualified dividends			,	,				. i			1h		0.
Attach Sch. B If required. If required. Attach Sch. B If required. If a Qualified dividends	instructions.		• •	(see instr	ructions)		11				+ .	1 1 1	
if required. 3a Qualified dividends 3a b Ordinary dividends			1			 					_		.6,889.
deduction for Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under \$25,900 If you checked any box under \$25,900 Add lines 12 and 13 Qualified business income deduction from Form 8995 or Form 8995-A Add lines 12 and 13 B Taxable amount			·								_		
Standard beduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction on the marked by Taxable amount													
Comparison Com	Standard												
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 16 If you elect to use the lump-sum election method, check here (see instructions) 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 8 -11,846. 9 105,043. 9 105,043. 10 11 105,043. 11 105,043. 12 12,950.	Deduction for—		-								_		
separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your for Required. If not required, check here	Single or		_	_	method check her					· .	OB		
Married filing jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 8	separately,		•		•	•	,	•			7		
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income			, ,		•			·				_1	1.846
surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income 11 Adjustments to income from Schedule 1, line 26 Subtract line 10 from line 9. This is your adjusted gross income 11 105,043. 11 105,043. 12 12 12,950. 13 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	jointly or		•								_		
Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,			•	•							1 -	
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)	\$25,900 • Head of	11	•	•							11	10)5,043.
Till you checked any box under Standard Deduction, Deduction, Description: Descrip	household,			-	-						12		•
Standard 14 Add lines 12 and 13 1.	If you checked						5-A				13		
Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income 15 92.093		14	Add lines 12 and 13								14	1	2,950.
		15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This is	your t	axable incom	ne			15	9	2,093.

Form 1040 (2022	2)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		15,934.
Credits	17	Amount from Schedule 2, line 3					17
	18	Add lines 16 and 17					15,934.
	19	Child tax credit or credit for other dependent	ts from Schedu	ule 8812			19
	20	Amount from Schedule 3, line 8					20
	21	Add lines 19 and 20					21
	22	Subtract line 21 from line 18. If zero or less,	enter -0				15,934.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21 .		2	0.
	24	Add lines 22 and 23. This is your total tax				2	15,934.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 18	,781.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				2	18,781.
If	26	2022 estimated tax payments and amount ap	pplied from 20	21 return			26
If you have a qualifying child,	27	Earned income credit (EIC)		No .	27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863	, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are your				;	32
	33	Add lines 25d, 26, and 32. These are your to	-	-		;	18,781.
Refund	34	If line 33 is more than line 24, subtract line 24					2,847.
Returia	35a	Amount of line 34 you want refunded to you				. 🗆 🖪	2,847.
Direct deposit?	b	Routing number 0 8 1 0 0 0 0		c Type: 🛛		Savings	
See instructions.	d	Account number 3 5 5 0 0 4 6				3.	
	36	Amount of line 34 you want applied to your			36		
Amount	37	Subtract line 33 from line 24. This is the amo	•				
You Owe		For details on how to pay, go to www.irs.gov			1 1		37
	38	Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to disc					🔽 Na
Designee		tructions			_	mplete belo	
	nai	signee's ne	Phone no.			nal identifica er (PIN)	.ion
Sign		der penalties of perjury, I declare that I have examine		1 , 0			, ,
Here		ef, they are true, correct, and complete. Declaration of the contract of the c			ased on all information		
	Yo	ır signature	Date	Your occupation			S sent you an Identity on PIN, enter it here
Joint return?				CLOUD ENG:	INEER	(see inst	
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion	If the IRS	S sent your spouse an
Keep a copy for your records.							Protection PIN, enter it here
your records.						(see inst	.)
		one no. (816)663-3914	Email address	GHARUNSAIKU	MAR@GMAIL.COI		
Paid	Pre	parer's name Preparer's signat			Date	PTIN	Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI	PAVAN KUM	AR DUDIPALLI	03/12/2023	P024708	33 Self-employed
Use Only	Fire	n's name GLOBAL TAXES LLC				Phone n	o. (678)965-9522
	Fir	n's address 245 ROONEY CT E BRU	NSWICK NO	08816		Firm's E	IN 88-2145487
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/02/23 PRO		Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

HARUN SAI KUMAR GENTE

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

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

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

_		Sequence No. 01
	Your soc	ial security number
	701_56	_7166

Par	rt I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797	[4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sche	edule E .	5	-11,846.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 8d ()		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
į	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 8I			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
p	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q Scholarship and fellowship grants not reported on Form W-2 8r			
r s	Nontaxable amount of Medicaid waiver payments included on Form			
5	1040, line 1a or 1d	\		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
·	a nongovernmental section 457 plan 8t			
u	Wages earned while incarcerated 8u			
z				
~	8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040. 1040-SR. or 1040		10	-11,846.

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

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-	basis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		-	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24				
rental of personal property engaged in for profit			24a		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)				-	
discrimination claims (see instructions)	_		249		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

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

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

Attachment Sequence No. **13**

OMB No. 1545-0074

HARU	JN SAI KUMAR GENTE					7	01-56	5-7166	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you are	an indiv	idual, rep	ort farm
	Did you make any payments in 2022 that would require you								s 🛛 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y e	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	P code	e)						
Α	HAYATHNAGAR HYDERABAD TELANGANA IN 50	01505	5						
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and		Fa	ir Rental F Days	Person Day		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quaimed joint venture. Gee institu	JOLIOITE	J.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ıtal	5 Land 6 Roya			Self-Rental Other (describe			
						Properties	:		
Incon		_		Α		В			С
3	Rents received			5	50.				
4	Royalties received	4							
Expe		_							
5	Advertising	5 6							
6	Auto and travel (see instructions)	7		1,9	07				
7 8	Commissions	8		1,9	0/.				
9		9							
10	Insurance	10							
11	Management fees	11		1,5	42				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,5	72.				
13	Other interest	13							
14	Repairs	14		3,5	12.				
15	Supplies	15		2,9					
16	Taxes	16							
17	Utilities	17		2,4	01.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,3	96.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	1		-11,8	46.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,84	6.)	()(()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a	5	550.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	12,3	396.		
24	Income. Add positive amounts shown on line 21. Do no						24		
25	Losses. Add royalty losses from line 21 and rental real esta-						25 ((11,846.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this at	apply	to you,	also er	nter th	is amount on	26		-11,846.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

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

HARUN SAI KUMAR GENTE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 701-56-7166

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ■ Self-only
 □ Family HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions 2 0. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 3,650. Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also 4 Ο. 5 5 3,650. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . 6 3,650. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 0. 7 8 8 3,650. 9 Employer contributions made to your HSAs for 2022 10 1,360. 11 11 12 12 2,290. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858**

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

HARUN SAI KUMAR GENTE

Identifying number 701-56-7166

Par	t I 2022 Passive Activity Loss	S			·		
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	ll Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amount	unt from Part IV, c	olumn (b))	1b (11,846.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	art IV, column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c					1d	-11,846.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amount)		
С	Prior years' unallowed losses (enter th)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i all losses are allowed, including any losses on the forms and schedules no	s zero or more, sto prior year unallow	op here and included losses entered	de this form with y	our return; Report the	3	-11,846.
		•					11/010.
	If line 3 is a loss and: • Line 1d is a l						
	• Line 2d is a l	loss (and line 1d is	zero or more), ski	ip Part II and go to	line 10.		
	on: If your filing status is married filing . Instead, go to line 10.	separately and yo	ou lived with your	spouse at any tim	e during the	year,	do not complete
Par	t II Special Allowance for Rer	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		tions for an examp	ole.		
4	Enter the smaller of the loss on line 1					4	11,846.
5	Enter \$150,000. If married filing separ	-			.50,000.		
6	Enter modified adjusted gross income				16,889.		
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s / and 8 and ent	er -0-			
7	Subtract line 6 from line 5			7	33,111.		
8	Multiply line 7 by 50% (0.50). Do not er	· · · · · · · · · · nter more than \$25				8	16,556.
9	Enter the smaller of line 4 or line 8					9	11,846.
Part							
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv	e activities for 20	22. Add lines 9 an	d 10. See instruct	ions to find		
	out how to report the losses on your ta					11	11,846.
Part	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	rall ga	ain or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	l	(e) Loss
HAY	ATHNAGAR	0.	11,846.				11,846.

11,846.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022) Page **2**

									•
Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			•
Name of activity		Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss
ivalle of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amour	nt Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.			
Name of activity	For ar to	rm or schedule nd line number be reported on se instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).
HAYATHNAGAR		E Ln 22		11,846.	1.0000	0000	11,84	6.	0.
Total Allocation of Unallowed L				11,846.	1.00	0	11,84	6.	0.
Allocation of Challowed L	.03			S.					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss		b) Ratio	(C) Unallowed loss
Total							1.00		
Part VIII Allowed Losses. See instr						1			
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
		l							
Total									



228454 11555 DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005

Tax.Colorado.gov
Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

	t mail this form to t			For Tax Yea	or Fiscal Year beginning (MM/DD/YY)							
Depar	tment of Revenue.	Retain with you	ur records.	12/31/	22							
Tax Ty	ре											
Σ	Individual Income (DR 0104)	Corpora (DR 011	ate Income 12)		nership/9 0106)	S-Corp In	come	e		Fiduc (DR 0		Income
Тахрау	er Last Name or Business	Name	First Na	me or Busine	ess DBA if	different fro	om Bu	siness N	ame			Middle Initia
GENT	Ë		HARUI	N SAI KU	MAR							
Spous	e's Last Name (if applicab	le)	First Na	me								Middle Initia
Taxpay	er SSN or ITIN		Spouse	SSN or ITIN	(if applicab	le)			FEI	N		
701-	56-7166											
Taxpay	er or Business Address				City					State	ZIP	
1265	66 ROOSEVELT LN	АРТ НЗ			ENGLE	WOOD				CO	80	112
			Part I — Tax	Return lı	nformati	on						
1. Tota	al Income from your f	ederal return (se	e instructions	s for more	informat	ion)	1	\$				105043
2. Tax	able Income (or allow more information)						s 2	\$				92093
	orado Tax from your						3	\$				4052
	orado Tax Withheld on More information)	or Payments, fron	n your Colora	ado return	(see inst	tructions	4	\$				5137
<u> </u>	noro imormation,		Part II — Dec	laration o	of Tax Pa	ayer		ļΨ				
Federal/0 I underst	enalties of perjury, I declare the Colorado income tax returns, a rand that I (or my Electronic Fes, and attachments upon request.	and that said tax returns, Return Originator (ERO)	, statements, sche if applicable) may	dules and attac be required to	chments are provide pa	true, correct, per copies of	, and co	mplete to eclaration,	the be my re	est of my eturns, v	y knowl withhold	ledge and belie ding statements
Signatu		lest by the Colorado De	partificit of Never	ide at any time	during the p	beriod covere		e (MM/DD/)		ate or in	mation	13.
Spouse	e's Signature (If Joint Retu	rn, Both Must Sign)					Date	e (MM/DD/\	(Y)			
		Part III —	Declaration	of ERO/F	reparer	/Transmi	itter					
	If the transmitter did	not prepare the	tax return, ch	neck here								
the prepa taxpayer correct, a have pro of limitati	ot the preparer, I declare only arer, under penalties of perjury and the amounts shown in Parand complete to the best of mixided the taxpayer with copie ions, and to provide paper coperat any time during this period	I declare that I have revent I above agree with the y knowledge and belief. s of all forms and inform pies of this declaration, s	viewed the above to amounts shown of As preparer, I furto nation filed. I also	caxpayer's Fede on said tax retu ther declare that agree to maint	eral/Coloraderns, and that at I have obt ain this signe	o income tax said tax retu ained the tax ed Form (DR	returns irns, sta kpayer's 8454)	and that the attements, so signature for the per	he info sched on the riod co	ormatio ules, an iis form overed l	n provious at the topy the	ded to me by the chments are true time of filing an Colorado statut
ERO's	Signature				Pre	eparer Iden	tificatio	n Numbe	er, Yo	ur SSI	۷, or ا	TIN
VENK	ATA SAI PAVAN K	UMAR DUDIPALI	LI		P	0247083	3					
					Da	te (MM/DD/Y)	Y)					
	Check if also Pr	eparer X			03	3/12/23						





DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
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(0013)

2022 Colorado Individual Income Tax Return

	r or Nonresider ident combina				0104	ŀΡΝ		Mark see ir			d on due	date	_
Your Last Name			Your Fir									N	/liddle Initial
GENTE			HARU	N SA	I KU	JMAR							
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed									
03/27/1996	701-56-71	.66		L	t	the DF	₹ 0102	2 and o	death	ce	rtificate w	ith yo	st include ur return.
Enter the following information	n from vour ci	ırrent	State of	fIssue	L	Last 4	charact	ers of ID) numl	ber	Date of Iss	uance	
driver license or state identific			CO			3480)				09/21,	/21	
If Joint, Spouse's Last Name			Spouse	s First N	Name							N	/liddle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed									
				L	t	the DF	₹ 0102	2 and o	death	се	rtificate w	ith yo	st include ur return.
Enter the following information	n from vour sr	ouse's	State of	fIssue	L	Last 4 o	charact	ers of ID) numl	ber	Date of Iss	uance	
current driver license or state	identification	card.											
Mailing Address									F	Phon	e Number		
12656 ROOSEVELT LN APT	г нз									(81	.6)663-	3914	
City				State	ZIP	Code			Forei	gn C	country (if a	pplicat	ole)
ENGLEWOOD				CO	80	112							
To see if you or member	s of your hous	sehold qua	lify for f	ree or	redu	uced-	cost h	ealth c	cover	age	e, check t	this bo	ox if:
You are a Colorado re AND	esident and at	least one	person	in you	ır ho	useho	old do	es not	have	e he	alth cove	erage	
You give permission for for Health Colorado (the													
										Ro	und To Th	e Nea	rest Dollar
1. Enter Federal Taxable Inco		federal in	come ta	ax forn	n:							9:	2093
1040, 1040 SR, or 1040 SI								• 1					00
Include W-2s and 1099s with		g. ditions to	Endora	I Toy	abla	Incor							
2. State Addback, enter the s								10					
1040 SR, or 1040 SP sche				•	icuci	i di 101	10-	• 2					0.0
10.10 0.1., 51 10 10 01 00110	edule Alline 5	a (see inst	LUCHOUS	5)				. .					



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

220104 21555 Page 2 of 4

Name		SSN or ITIN	
HARUN SAI KUMAR GENTE		701-56-7166	
4 Itamized Deduction addhead (aga instructions)	. 4		0.0
 Itemized Deduction addback (see instructions) CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program 	• 4		00
Contribution (see instructions)	• 5		0.0
Contribution (see instructions)	• 5		00
6. Other Additions, explain (see instructions)	• 6		0.0
Explain:	• • •		0 0
7. Subtotal, sum of lines 1 through 6	7	92093	0.0
Colorado Subtractions			
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the			
DR 0104AD schedule with your return.	• 8		0.0
		92093	
9. Colorado Taxable Income, subtract line 8 from line 7	• 9		0.0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and	part-year L	OR 0104PN Schedule	
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the	40	4052	0.0
DR 0104PN with your return if applicable. 11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the	• 10		0.0
DR 0104AMT with your return.	• 11		0.0
DIC 0104AMT WITH Your Teturn.	• 11		00
12. Recapture of prior year credits	• 12		0.0
		4050	
13. Subtotal, sum of lines 10 through 12	13	4052	0.0
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, a	and 16		
cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14		0.0
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the	•		
DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you m	nust		
submit the DR 1366 with your return.	• 15		0.0
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 can	i i		
exceed line 13, you must submit the DR 1330 with your return.	• 16		0.0
4 - N. (1 .	4-	4052	
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17		0.0
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the	40		0.0
DR 0104US with your return.	• 18		0.0
10 Not Colorado Tay, sum of linos 17 and 19	19	4052	0.0
 Net Colorado Tax, sum of lines 17 and 18 CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s ar 			
1099s claiming Colorado withholding with your return.	• 20	5137	0.0
10000 diaming colorado maniolaring mai your rotarii.			+
21. Prior-year Estimated Tax Carryforward	• 21		0 (
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted fo			
this tax year	• 22		0.0
,			
23. Extension Payment remitted with the DR 0158-I	• 23		0.0



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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<u>220104 31555</u>

Name					SSN	N or ITIN	
HARUN SAI KUMAR G	ENTE				70)1-56-7166	
24. Other Prepayments:	■ DR 01	04BEP	DR 0108	• DR 1079 • 24			0 0
25. Gross Conservation	Easement Cred	lit from the DR 1:	305G line 33, yo				
the DR 1305G with				• 25			00
26. Innovative Motor Ve			. from form DR 0	617, you must ● 26		0	0 0
submit each DR 061 27. Refundable Credits			umust submit the				0.0
27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. • 27							0 0
-						5137	
28. Subtotal, sum of line	s 20 through 27		d AGI for TABOR	28			0 0
Lines 30 through 33	3 are only used t				t vour Color	ado tax liability.	
29. Federal Adjusted Gr					t your co.c.	105043	\top
1040 SR line 11, or				• 29		T03043	0 0
An Nantavahla Casial C	Sansitu Incomo			- 20			0.0
30. Nontaxable Social S	ecurity income			• 30			0 0
31. Nontaxable interest	income from sta	ite and local bon	ds	• 31			0 0
						105043	
32. Sum of lines 29 thro				Toy Befund			0 0
	\$48,000	\$48,001 –	\$95,001 –	\$151,001 –	\$209,001	- \$268,001	
If line 32 is:	or less	\$95,000	\$151,000	\$209,000	\$268,000		
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 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						234	
instructions if you ar			Title lable and	ove. See			0 0
instructions if you are filling an extension.							
34. Sum of lines 28 and	33			34		5371	00
						1319	0 0
35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 35							UU
36. Estimated Tax Credi	it Carryforward t	io 2023 first quar	ter, if any.	• 36			0 0
	•	•					
If you have an overpayr	mant an lina 37/1	nelow and would	like to donate a	Il or a portion of v	vour overpay	yment to a qualr	
امتنامون بالأسماء ماد - سناد 🔿 أ					,		fied
Colorado charity, includ				р	, ca.: c : c : pa.		fied
Colorado charity, includ						1210	fied
	e Form DR 0104	4CH to contribute	e. 	• 37		1319	fied 0 0
37. Refund, subtract line	e 36 from line 35	4CH to contribute	s)	• 37			0 0
	e 36 from line 35	4CH to contribute	e. 		Savings	1319 CollegeInvest	0 0
37. Refund, subtract line	e 36 from line 35	4CH to contribute	e. s) 2 Type: X	• 37			0 0
37. Refund, subtract line Direct Routing Num	e 36 from line 35	4CH to contribute 5 (see instructions 0 0 0 0 3 2 0 0 4 6 1 4	e. S) 2 Type: X 4 6 4 2	• 37	Savings	CollegeInvest	0 0



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

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<u> </u>					
Name			S	SN or ITIN	
HARUN SAI KUMAR GENTE			7	701-56-7166	5
38. Net Tax Due, subtract line 34 from line 19		38			00
39. Delinquent Payment Penalty (see instruction	s)	• 39			0 0
40. Delinquent Payment Interest (see instruction		• 40			0 0
41. Estimated Tax Penalty, you must submit the (see instructions)	DR 0204 with your return.	• 41			0 0
42. Amount You Owe, sum of lines 38 through 4	1	• 42			0 0
The State may convert your check to a one-time electronic l by the State. If converted, your check will not be returned. If Revenue may collect the payment amount directly from you	your check is rejected due to insufficient or				
	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. C	omplete	the follo	wing:	
Designee's Name		Р	hone Num	nber	
•		•			
Sign Below Under penalties of perjury, I declare that to the	he best of my knowledge and belief, this retu	ırn is true,	correct an	d complete.	
Your Signature			D	Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.			D	Date (MM/DD/YY)	
Paid Preparer's Name		Pa	aid Prepare	er's Phone	
GLOBAL TAXES LLC		((678)96	55-9522	
Paid Preparer's Address	City	S	tate Z	IP Code	
245 ROONEY CT	E BRUNSWICK	N	1J (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.