(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

Submission Identification Number (SID)				•			
Taxpayer's name			Social securi	ty numb	er		
SITARA CHITTIPROLU		814-28-1447					
Spouse's name			Spouse's soo	cial secu	rity numbe	er	
Part I Tax Return Information — Tax Y	ear Ending December 31, 20	22 (Enter	year you a	are aut	horizing	y.)	
Enter whole dollars only on lines 1 through 5.			, ,			, ,	
Note: Form 1040-SS filers use line 4 only. Leave li	nes 1, 2, 3, and 5 blank.						
<b>1</b> Adjusted gross income				1		8,26	
2 Total tax				2		9,98	
3 Federal income tax withheld from Form(s) W	( )			3		4,42	
· · · · · · · · · · · · · · · · · · ·				4	4	4,43	<u>3.</u>
5 Amount you owe	ture Authorization (Be sure you	get and k	eep a con	5 of v	our reti	urn)	
Under penalties of perjury, I declare that I have examined	•						st of
to send my return to the IRS and to receive from the IRS for any delay in processing the return or refund, and (c) Agent to initiate an ACH electronic funds withdrawal (dir payment of my federal taxes owed on this return and/or authorization is to remain in full force and effect until I payment, I must contact the U.S. Treasury Financial business days prior to the payment (settlement) date. I taxes to receive confidential information necessary to personal identification number (PIN) below is my signate Electronic Funds Withdrawal Consent.	the date of any refund. If applicable, I authect debit) entry to the financial institution a a payment of estimated tax, and the financiality the U.S. Treasury Financial Agent Agent at 1-888-353-4537. Payment cancells authorize the financial institutions involve answer inquiries and resolve issues relative.	norize the Ú.saccount indication institution to terminate ellation requalized in the part of the part	S. Treasury a cated in the to debit the the authorizests must be processing on ayment. I fur	and its d ax prepare entry to ation. The ereceive fripe election	esignated aration so this acco revoke red no la actronic p knowledg	d Finar oftware count. (cance ter that aymer e that	ncial e for This el) a an 2 nt of the
Taxpayer's PIN: check one box only						1	
I authorize GLOBAL TAXES LLC	to enter or	generate n	3V DINI 8	1 4	4 7	25	mv
Signature on the income tax return (origin	name	generate n	ř En		digits, but all zeros	as	my
I will enter my PIN as my signature on the if you are entering your own PIN and yo below.	e income tax return (original or amend						
Your signature ▶		Date ► _					
Spouse's PIN: check one box only						,	
I authorize	to enter or	generate n	nv PIN			as	my
ERO firm		9	En		ligits, but	]	,
signature on the income tax return (origin					all zeros		
I will enter my PIN as my signature on the if you are entering your own PIN and yo below.							
Spouse's signature ▶		Date ►					
Practitioner	PIN Method Returns Only—contin	ue below					
Part III Certification and Authentication	<ul> <li>Practitioner PIN Method Only</li> </ul>	у					
ERO's EFIN/PIN. Enter your six-digit EFIN follower	ed by your five-digit self-selected PIN.	2 2	2 4 9	6 6	1 9	8 9	
, ,	,,		Don't ent	ter all ze	ros	_	ı
I certify that the above numeric entry is my PIN, which authorized to file for tax year indicated above for the t requirements of the Practitioner PIN method and <b>Pub. 1</b> :	axpayer(s) indicated above. I confirm that	I am submit	tting this reti	urn in a	ccordanc		
ERO's signature ▶		Date ►					
ERO Mus	t Retain This Form — See Instru						_
Don't Submit Thi	s Form to the IRS Unless Reques	sted To D	o So				

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

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you cl					spou	ise (QSS)	-	
		on is a child but not your dependent										
Your first name	and mi	ddle initial	Last na	me						Your social security number		
SITARA				TIPROLU						28-1447		
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse's	s social sec	curity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Presider	ntial Election	on Campaign	
11900 H	DBBY	HORSE CT					226			ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code				tly, want \$3 Checking a	
AUSTIN					TX		78758		_	ow will not	•	
Foreign countr	y name		F	Foreign province/state/o	county	/	Foreign posta	l code	your tax	or refund.	_	
									4	You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	⊠ No	
Standard	Som	eone can claim:	pendent	t Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien	·						
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before Jar	uary 2	2, 1958	☐ Is bli	ind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Chec	k the bo	ox if qualif	ies for (see	instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Chile	d tax cr	edit	Credit for oth	ner dependents	
than four												
dependents, see instruction	s ——											
and check												
here	]											
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a	8	39,786.	
	b	Household employee wages not re	eported	on Form(s) W-2 .					. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. <u>1e</u>				
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 29					. <u>1f</u>			
If you did not	g	Wages from Form 8919, line 6.							. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,				· · · ·		. 1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					00 506	
	<u>z</u>	Add lines 1a through 1h							. 1z		39,786.	
Attach Sch. B if required.	2a	· –	2a			axable interes			. 2b			
ii required.	3a		3a			rdinary divide			. 3b			
	4a	_	4a			axable amoun			. 4b			
Standard Deduction for—	5a		5a 6a			axable amoun axable amoun			. 5b . 6b			
Single or	6a	If you elect to use the lump-sum e		mothed shook hare					.   65			
Married filing separately,	С 7	Capital gain or (loss). Attach Sche		,	`	,			7		-1,019.	
\$12,950 Married filing	8	Other income from Schedule 1, lin			,				. 8		LO,500.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		78,267.	
Qualifying surviving spouse,	10	Adjustments to income from Sche		•					. 10	+ '	0,201.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							11	-	78,267.	
household,	12	Standard deduction or itemized	-	-					12		L2,950.	
\$19,400 If you checked	13	Qualified business income deduct				5-A			13	† **		
any box under Standard	14	Add lines 12 and 13							. 14	1	L2,950.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>						15	_	55,317.		
see instructions.				•								

18	Form 1040 (2022	2)								Page <b>2</b>
18	Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	9,989.
19	Credits	17	Amount from Schedule 2, lir	ne 3				- 	17	
20		18	Add lines 16 and 17						18	9,989.
21		19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
22   Subtract line 21 from line 18, if zero or less, enter-0-   22   9,989,		20	Amount from Schedule 3, lir	ne 8					20	
Payments   23		21	Add lines 19 and 20						21	
Payments   25		22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	9,989.
Payments   25		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
A Form(s) W-2	-	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	9,989.
b   Form(s) 1099   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256   256	<b>Payments</b>	25	Federal income tax withheld	I from:						
C Other forms (see instructions)   25c		а	Form(s) W-2				<b>25</b> a 1	4,422.		
Marchane   Company   Com		b	Form(s) 1099				25b			
Byou have a qualifying child,   27   28   27   28   28   28   28   28		С	Other forms (see instruction	s)			25c			
Production   Pro		d	Add lines 25a through 25c						25d	14,422.
Earned income credit (EIC)   No   27	If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			26	
Additional child tax credit from Schedule 8812	qualifying child,	27	Earned income credit (EIC)			No .	27			
Sign   Amount for further use   30	allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
Amount from Schedule 3, line 15   31   32   Add lines 27, 28, 29, and 31. These are your total payments and refundable credits   32   33   Add lines 25d, 26, and 32. These are your total payments   33   14, 422.		29	American opportunity credit	from Form 8863	3, line 8		29			
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 3   3   3   4   4, 22   3   3   4   4, 22   3   4   4   4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4   4, 4   3   3   4		30	Reserved for future use .				30			
Refund  33  Add lines 25d, 26, and 32. These are your total payments		31	Amount from Schedule 3, lir	ne 15			31			
Refund   34   If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   34   4,433.		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
Same		33								
Direct deposit? See instructions.  b Routing number 1 1 1 1 9 0 0 0 6 5 9 c Type:  Checking Savings d Account number 9 8 0 3 0 0 9 5 8 9	Refund	34		•						
See instructions   d   Account number   9   8   0   3   0   0   9   5   8   9										4,433.
Amount You Owe  36 Amount of line 34 you want applied to your 2023 estimated tax						c Type: 🔀	Checking	Savings		
Amount You Owe  37  Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	oee mandenons.		· · · · · · · · · · · · · · · · · · ·							
For details on how to pay, go to www.irs.gov/Payments or see instructions.  38 Estimated tax penalty (see instructions).  38 Do you want to allow another person to discuss this return with the IRS? See instructions.  39 Do you want to allow another person to discuss this return with the IRS? See instructions.  39 Designee's Phone Personal identification number (PIN)  10 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature  10 Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  11 Spouse's signature. If a joint return, both must sign.  12 Spouse's signature. If a joint return, both must sign.  13 Page Instructions.  14 The IRS sent you an Identity Protection PIN, enter it here (see inst.)  15 The IRS sent you an Identity Protection PIN, enter it here (see inst.)  16 The IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  17 Peparer's name Preparer's signature  18 Phone no. (865)332-9757 Email address SITARACHITTIPROLU@GMAIL.COM  18 Preparer's name Preparer's signature  19 Date PTIN Check if:  19 SyM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522		36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions		37							37	
Designee's name    Designee's name   Phone no.   Personal identification number (PIN)   Personal identification number (PIN)		38	Estimated tax penalty (see in	nstructions) .			38			
Designee's name  Personal identification number (PIN)  Date  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (865)332-9757  Email address SITARACHITTIPROLU@GMAIL.COM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Phone no. (678)965-9522								omplete	below.	X No
Here  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature  Date  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (865)332-9757  Email address SITARACHITTIPROLU@GMAIL.COM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023  PO2082703  Self-employed  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965-9522		De	signee's		Phone		Pers	onal ident	ification	
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature    Date	-	na								
Joint return? See instructions. Keep a copy for your records.  Phone no. (865)332-9757	Sign Here		1 3 37			, , ,				, ,
Joint return? See instructions. Keep a copy for your records.  Phone no. (865)332-9757	TICIC	Yo	ur signature		Date	Your occupation				
See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign.  Phone no. (865)332-9757  Email address SITARACHITTIPROLU@GMAIL.COM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed  Firm's name GLOBAL TAXES LLC  Spouse's occupation  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Date  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM O2/24/2023 P02082703 Self-employed  Phone no. (678)965-9522	laint vatuus?					COETWADE I	MATNEED	I .		in, enter it here
your records.  Phone no. (865)332-9757	See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date					
Paid Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	your records.							-		
Paid Preparer Use Only  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082703 Self-employed Phone no. (678)965-9522		Ph	one no. (865)332-975	7	Email address	SITARACHITTI	PROLU@GMAIL.C	OM		
Preparer Use Only    SYAM PRIYA RAM SAGAR GUPTA TALLAM   UZ/Z4/ZUZ3   PUZU8Z/U3   L. Seil-employed	Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Use Only Phone no. (678)965-9522		SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24/2023	P0208	2703	Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (	(678)965-9522
	————	Fin						Firm	ı's EIN	84-3171965

#### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	ocial s	ecurity number
SITA	RA CHITTIPROLU	814-2	28-14	47	
Par	t 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. Atta			5	-10,500.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (			
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80		-	
р	Section 461(I) excess business loss adjustment	8p		-	
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (			
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		87			

Total other income. Add lines 8a through 8z . . . . . . . . . . . . . . .

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-10,500.

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis gover			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
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		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m			
٨	Reforestation amortization and expenses		-	
d	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans			
_	Attorney fees and court costs for actions involving certain unlawful		-	
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	<b>BAA</b> REV 02/17/23 PR	)	Schedu	le 1 (Form 1040) 2022

#### SCHEDULE D (Form 1040)

Department of the Treasury

### **Capital Gains and Losses**

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.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Internal Revenue Service Name(s) shown on return Your social security number 814-28-1447 SITARA CHITTIPROLU Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 Box A checked . . . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 1,019.) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long--1,019. term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

14

15

Schedule D (Form 1040) 2022 Page 2

### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,019.• If line 16 is a gain, 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 loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, 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 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,019.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

#### **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,

Department of the Treasury Internal Revenue Service

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

2022
Attachment Sequence No. <b>13</b>

OMB No. 1545-0074

Name(s) shown on return Your social security number SITARA CHITTIPROLU 814-28-1447 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) H-NO 8-14, KOHEDA, UPPERGUDA HYDERABAD TELANGANA IN 500072 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 600. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,000. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . 11 800. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,000. 14 14 Repairs . . . 2,500. 15 Supplies 15 16 16 Taxes 17 17 3,800. 18 18 Depreciation expense or depletion . . . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . . 11,100. 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 . . . . . . . . . . . . . . . . . . 21 -10,500. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . . 10,500.) 600. 23a Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 11,100. 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,500. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

-10,500.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2



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

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Page 1 of 1

# **State of Colorado Income Tax Declaration** for Online Electronic Filing

	t mail this form to the I				ar (MM/DD/YY)		or Fiscal	Year begi	nning (N	/IM/DD/YY)
Depar	tment of Revenue. <b>Ret</b>	ain with you	ır records.	12/31/	22					
Тах Тур	ре									
X	Individual Income (DR 0104)	Corpora (DR 011	te Income 2)		nership/S-Co 0106)	rp Income	• [		ciary I 0105)	Income
Taxpay	er Last Name or Business Nan	ne	First Na	me or Busine	ess DBA if differ	ent from Bu	siness Na	ıme		Middle Initial
CHIT	TIPROLU		SITAR	RA						
Spous	e's Last Name (if applicable)		First Na	me						Middle Initial
<b>T</b>	or OOM or ITIN		0,,,,,,,	OON ITIN	(for a line late)			EEIN		
	er SSN or ITIN		Spouse	SSN OF ITIN	(if applicable)			FEIN		
814-	28-1447									
Тахрау	ver or Business Address				City			State	ZIP	
1190	0 HOBBY HORSE CT A				AUSTIN			TX	78	758
			Part I — Tax	Return li	nformation					
	al Income from your fede						\$			78267
	able Income (or allowable more information)	e deduction)	from your fe	deral retur	n (see instrud	ctions 2	\$			65317
3. Col	orado Tax from your Colo	orado return (	see instruction	ons for mo	ore informatio	n) <b>3</b>	\$			3297
<b>4.</b> Col	orado Tax Withheld or Pa nore information)					ions	\$			3797
	ioro imormation,	Р	art II — Dec	laration o	of Tax Payer		IΨ			
Federal/0	enalties of perjury, I declare that the Colorado income tax returns, and the and that I (or my Electronic Return s, and attachments upon request by	at said tax returns, Originator (ERO)	statements, sched if applicable) may	dules and attac be required to	chments are true, co provide paper co	correct, and co	mplete to the claration, r	he best of n my returns,	ny know withhol	ledge and belief. ding statements,
Signatu		,		,	Taning in prince		(MM/DD/Y			
Spouse	s's Signature (If Joint Return, B	oth Must Sign)				Date	(MM/DD/Y	Y)		
		Part III —	Declaration	of ERO/F	reparer/Trar	nsmitter				
	If the transmitter did not	prepare the t	ax return, ch	neck here						
the prepa taxpayer correct, a have pro- of limitation	of the preparer, I declare only that the preparer, I declare only that the strength of perjury I declared the amounts shown in Part I about and complete to the best of my knowided the taxpayer with copies of all ons, and to provide paper copies of at any time during this period.	lare that I have rev ove agree with the wledge and belief I forms and inform	iewed the above to amounts shown o As preparer, I furth ation filed. I also a	axpayer's Fedon said tax returher declare that agree to maint	eral/Colorado incor rns, and that said ta at I have obtained t ain this signed For	me tax returns ax returns, sta the taxpayer's m (DR 8454)	and that the tements, so signature of for the perion	e information chedules, a on this form od covered	on provind attact at the by the	ded to me by the chments are true, time of filing and Colorado statute
ERO's	Signature				Preparer	dentification	n Numbe	r, Your SS	N, or I	TIN
SYAM	PRIYA RAM SAGAR G	UPTA TALLA	MA		P0208	32703				
	Obselvit star Da				Date (MM	M/DD/YY)				
	Check if also Prepar	er X			02/24	1/23				





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

# 2022 Colorado Individual Income Tax Return

	r or Nonresident (or resider dent combination) *Mus			0104PN		c if Abro	ad on due d ons	ate –
Your Last Name		Your Fire						Middle Initial
CHITTIPROLU		SITAR	RA					
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Decease	ed					·
10/24/1994	814-28-1447			the	necked and cla DR 0102 and	death c	ertificate with	n your return.
Enter the following information driver license or state identific	•	State of	Issue	Last	4 characters of I	D numbe	Date of Issua	nce
If Joint, Spouse's Last Name		Spouse's	First N	Name				Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Decease	ed					
					necked and cla DR 0102 and			
Enter the following information	n from vour spouse's	State of	Issue	Last	4 characters of I	D numbe	Date of Issua	nce
current driver license or state	identification card.							
Mailing Address						Pho	one Number	
11900 HOBBY HORSE CT A	APT 226					(8	365)332-97	757
City			State	ZIP Cod	le	Foreign	Country (if app	licable)
AUSTIN			TX	7875	8			
To see if you or members	•	•				•	•	
AND	esident and at least one	•	•					
	the Colorado Department Colorado Health Benefit I							
						F	Round To The	Nearest Dollar
1. Enter Federal Taxable Inco		come ta	x forn	n:				65317
1040, 1040 SR, or 1040 SR Include W-2s and 1099s with 0					• 1			00
Include W-25 and 10995 With C	Additions to	Federal	l Taya	hle Inc	-ome			
2. State Addback, enter the s								
1040 SR, or 1040 SP sche			-		• 2			0 0
3. Qualified Business Income	Deduction Addback (se	<u>e instru</u>	<u>ctions</u>	<u>s)</u>	• 3			0.0



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

220104 Page 2 of 4 Name SSN or ITIN SITARA CHITTIPROLU 814-28-1447 00 4. Itemized Deduction addback (see instructions) • 4 5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions) 00 • 5 **6.** Other Additions, explain (see instructions) 00 • 6 Explain:

			65317	
7.	Subtotal, sum of lines 1 through 6	7		00
Ļ	Colorado Subtractions			
8.	Subtractions from the DR 0104AD Schedule, line 22, you must submit the	_		
	DR 0104AD schedule with your return.	8		00
			65317	
9.	,	9	DD 0404DN 0 1 1 1	0 0
40	Tax, Prepayments and Credits: see 104 Book for full-year tax table and pa	rt-ye	ear DR 0104PN Schedule	_
10.	Colorado Tax from tax table or the DR 0104PN line 36, you must submit the		3297	
L.		10		00
11.	Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the			
	DR 0104AMT with your return.	11		00
l				
12.	. Recapture of prior year credits	12		0 0
١.,			3297	
	. Subtotal, sum of lines 10 through 12	13		0 0
14.	Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and			
<u> </u>		14		0 0
15.	. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the	.		
	DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must			
		15		0 0
16.	. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot			
	exceed line 13, you must submit the DR 1330 with your return.	16		0 0
			3297	
	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			
	DR 0104US with your return.	18		0 0
			3297	
	Net Colorado Tax, sum of lines 17 and 18	19	5271	0 0
20.	. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/o		3797	
	1099s claiming Colorado withholding with your return.	20	5171	0 0
		21		0 0
22	Estimated Tax Payments, enter the sum of the quarterly payments remitted for			
	this tax year	22		0 0
23.	. Extension Payment remitted with the DR 0158-I	23		0 0



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

220104 Page 3 of 4 Name SSN or ITIN SITARA CHITTIPROLU 814-28-1447 DR 0104BFP DR 0108 ● DR 1079 ● **24 24.** Other Prepayments: 00 25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit 00 the DR 1305G with your return. 26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must 0 submit each DR 0617 with your return. 00 26 27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. 00 27 3797 00 **28.** Subtotal, sum of lines 20 through 27 28 Modified AGI for TABOR Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability. 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 78267 1040 SR line 11. or 1040 SP line 11 00 29 00 30. Nontaxable Social Security Income 30 31. Nontaxable interest income from state and local bonds • 31 00 78267 32. Sum of lines 29 through 31: Modified AGI for TABOR 00 **Modified AGI Tiers for State Sales Tax Refund** \$48,000 \$48,001 -\$95,001 -\$151,001 -\$209,001 -\$268,001 -If line 32 is: or less \$95,000 \$151,000 \$209,000 \$268,000 or more Single Filers Enter \$153 \$208 \$234 \$285 \$300 \$486 Joint Filers Enter \$306 \$416 \$468 \$600 \$570 \$972 33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension. 00 • 33 3797 **34.** Sum of lines 28 and 33 34 00 500 35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 00 **36.** Estimated Tax Credit Carryforward to 2023 first guarter, if any. • 36 00 If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute. 500 00 **37.** Refund, subtract line 36 from line 35 (see instructions) 37 1 | 1 | 1 | 9 | 0 | 0 | 6 | 5 | 9 CollegeInvest 529 Routing Number Type: Checking Savings **Direct Deposit** Account Number 9 8 0 3 0 0 9 5 8 9

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



220104 41555

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

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220104 41333					
Name			SSN	l or ITIN	
SITARA CHITTIPROLU			81	4-28-1447	
38. Net Tax Due, subtract line 34 from line 19		38			0 0
39. Delinquent Payment Penalty (see instruction	s)	• 39			0 0
40. Delinquent Payment Interest (see instruction		• 40			0 0
<b>41.</b> Estimated Tax Penalty, you must submit the (see instructions)	DR 0204 with your return.	• 41			0 0
<b>42.</b> Amount You Owe, sum of lines 38 through 4	1	• 42			
The State may convert your check to a one-time electronic to 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				ceived
	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. Co	omplete t	the follow	ing:	
Designee's Name		Ph	none Numbe	er	
•		•			
Sign Below Under penalties of perjury, I declare that to the	ne best of my knowledge and belief, this retu	rn is true, c	correct and	complete.	
Your Signature			Dat	e (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.			Dat	e (MM/DD/YY)	
Paid Preparer's Name		Pai	d Preparer'	s Phone	
GLOBAL TAXES LLC		(	678)965	-9522	
Paid Preparer's Address	City	Sta	ate ZIP	Code	
245 ROONEY CT	E BRUNSWICK	N	J 08	816	

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.





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## Form 104PN

# Part-Year Resident/Nonresident Tax Calculation Schedule 2022

Taxpayer's Name		SSN or ITIN					
SITARA CHIT	TTIPROLU	814-28-1447					
gross income s	you and/or your spouse were a resident of another state for all or part of 2022. The othat Colorado tax is calculated for only your Colorado income. Complete this for ugh 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.						
1. • Taxpayer i	s (mark one): X Full-Year Nonresident Part-Year Resident from	MM/YY) Ending (MM/YY)					
	Full-Year Resident Nonresident 305-day rule Military						
2. • Spouse is	(mark one): Full-Year Nonresident Part-Year Resident from	MM/YY) Ending (MM/YY)					
	Full-Year Resident Nonresident 305-day rule Military						
3. • Mark the f	3. ● Mark the federal form you filed: X 1040  1040 NR 1040 SR Other						
	Federal Information Co	olorado Information					
4. Enter all inc	come from form 1040, 1040 SR, or equal to 1. 89786 00						
while you w	ne from line 4 that was earned while working in Colorado and/or earned were a Colorado resident. Part-year residents should include moving imbursements only if paid for moving into Colorado.	89786					
	sum of all interest/dividend income 1040, 1040 SR or 1040 SP lines 2b • 6						
1	ne from line 6 that was earned while you were a resident of Colorado or not the ownership of real or tangible personal property located in Colorado. • 7	00					
8. Enter all inc	come from form 1040, 1040 SR or 1040 SP, , line 7. • 8 00						
1	e from line 8 that is from State of Colorado unemployment benefits; and/or is er state's benefits that were received while you were a Colorado resident. • 9	00					
	me from line 7 of form 1040, 1040 SR, or 1040 SP Schedule 1 of form 1040, 1040 SR or 1040 SP. • 10						
	ne from line 10 that was earned during that part of the year you were a esident and/or was earned on property located in Colorado.	0 00					



DR 0104PN (11/07/22)
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name			SSIN OF IT IN
SITARA CHITTIPROLU			814-28-1447
	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		
13. 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		
15. Enter income from line 14 that was earned during that page	art of the year you were a		
Colorado resident and/or was earned from Colorado sou			00
<b>16.</b> Enter all Schedule E income from form 1040, 1040 SR,	10500		i di
or 1040 SP, Schedule 1, line 5. • 16	-10500 00		
17. Enter income from line 16 that was earned from Colorad	lo sources; and/or rent and		
royalty income received or credited to your account duri	ng the part of the year you		0
were a Colorado resident; and/or partnership/S corporate	tion/fiduciary income that is		0
taxable to Colorado during the tax year.	• 17		00
<b>18.</b> Enter the sum of all other income from form 1040,			· ·
1040 SR, or 1040 SP, Schedule 1, lines 1, 2a			
and 9. • <b>18</b>	00		
List Type			
19. Enter income from line 18 that was earned during that page			
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,	78267		
or 1040 SP, line 9. <b>20</b>	00		
21. Total Colorado Income. Enter the total from the Colorado	o column, lines 5, 7, 9, 11,		89786
13, 15, 17 and 19.	21		00
<b>22.</b> Enter all federal adjustments from form 1040, 1040 SR,			
or 1040 SP, line 10. • 22	00		
List Type			
23. Enter adjustments from line 22 as follows	• 23		00
List Type			

- Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income.
- Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20).
- · Penalty paid on early withdrawals made while a Colorado resident.
- Moving expenses for members of the Armed Forces.

For treatment of other adjustments reported on federal form 1040, 1040 SR, or 1040 SP, line 10, see the Colorado Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.



**36.** Apportioned tax. Multiply line 35 by the percentage on

line 34. Enter here and on DR 0104 line 10.

DR 0104PN (11/07/22)

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Name SSN or ITIN 814-28-1447 SITARA CHITTIPROLU **Federal Information Colorado Information** 24. Adjusted Gross Income. Enter amount from form 1040, 78267 00 1040 SP, or 1040 SR line 11. 25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN 89786 from the amount on line 21 of Form 104PN. 25 00 **26.** Additions to Adjusted Gross Income. Enter the sum of lines 3 through 6 of Colorado Form 104 excluding any charitable contribution adjustments. 26 00 27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.\* 00 • 27 78267 28. Total of lines 24 and 26 28 00 89786 00 29. Total of lines 25 and 27 29 30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. • 30 00 31. Subtractions from Colorado Adjusted Gross Income. 00 Enter any amount from line 30 as follows: • 31 The state income tax refund subtraction to the extent included on line 19 above The federal interest subtraction to the extent included on line 7 above • The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above The Colorado Agricultural capital gain subtraction to the extent included on line 20 above For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents. 32. Modified Adjusted Gross Income. Subtract line 30 78267 from line 28. 32 00 89786 33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33 00 34. Divide line 33 by line 32. Round to four significant digits, 114.7176 % e.g. xxx.xxxx 2874 35. Tax from the tax table based on income reported on the DR 0104 line 9 35 00

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