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

	5				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social secu	rity numl	ber	
HARI	NANDAN VEERLAPATI	095-51	1-722	6	
Spouse's	s name	Spouse's so	ocial sec	urity number	•
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	VA2r VAII	are all	thorizina	1
	whole dollars only on lines 1 through 5.	year you	ait au	uionzing.	<u> </u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1 1	101	,412.
	Total tax		2		,082.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,197.
	Amount you want refunded to you		4		,115.
	Amount you owe		5		,
Part I		еер а со	py of y	our retu	rn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge 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, transmi my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised allowed to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the payor of the payment (PIN) below is my signature for the income tax return (original or amended) I and identification number (PIN) below is my signature for the income tax return (original or amended) I and if the payment is Funds Withdrawal Consent.	e are the an tter, or elect ction of the S. Treasury cated in the n to debit th the authori- ests must be processing of ayment. I fu	nounts in transmire and its of tax prepare entry zation. To e receipt the elerther action and the elerther action are the elerther action.	from the inc turn original ssion, (b) the designated paration soft to this according To revoke (ved no late dectronic parack	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	yer's PIN: check one box only	Г			
\times	•	nv PIN	1 7 2	2 2 6	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ĺ		digits, but er all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your si	gnature ▶ Date ▶				
Snous	e's PIN: check one box only	_			
Ороцо	I authorize to enter or generate r	ny PINI			as my
Ш	ERO firm name	_	nter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9 8	9
		Don tel	all Zt		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	tting this re	turn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately of our spouse. If you	. ,	_	householo	,	_	spou	ifying surv se (QSS) name if th	Ü		
Your first name	and mi	ddle initial	Last na	me					You	ur soc	cial securit	y number		
HARI NAN	IDAN		VEER	LAPATI					0.9	5-5	51-7226	5		
If joint return, sp	oouse's	first name and middle initial	Last name						Spo	Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.	Pre	siden	ntial Election	on Campaign		
9779 GAY	LORI	O PKWY									ere if you,			
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code					tly, want \$3		
FRISCO					TX		75035	·			w will not	Checking a change		
Foreign country	name		F	oreign province/state	count	у	Foreign p	ostal coc			or refund.	0		
											You	Spouse		
Digital		ny time during 2022, did you: (a) rec	,				,	, .	` '		□ Vaa	⊠ No		
Assets		ange, gift, or otherwise dispose of a		<u>-</u> _			asset)? (s	see ins	ructio	ns.)	Yes	ONO		
Standard Deduction		eone can claim:	•			a dependent								
		·												
		Were born before January 2, 1	958 _	」Are blind Sp	ouse	:	n before				∐ Is bli			
Dependents	•	•		(2) Social securi number	ty	(3) Relationsh to you	b , ,				,	instructions):		
If more	(1) ⊢	rst name Last name		Humber		to you	(Child tax	credit	- 1	Credit for oth	ner dependents		
than four dependents,] 1	-	L	┽──		
see instructions	s ——								<u> </u> 1		L	┽──		
and check here								<u> </u>]		L	┽──		
	1a	Total amount from Form(s) W-2, b	nx 1 (se	instructions)					J	1a	1 10)1,615.		
Income	b	Household employee wages not re	,	,					•	1b	1	11,010.		
Attach Form(s)	c	Tip income not reported on line 1a		. ,					·	1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	,	instru	ctions)				1d				
W-2G and	e	Taxable dependent care benefits t		()						1e				
1099-R if tax	f	Employer-provided adoption bene		•	9.					1f				
was withheld. If you did not	g	Wages from Form 8919, line 6.								1g				
get a Form	h	Other earned income (see instruct	ions) .							1h		0.		
W-2, see	i	Nontaxable combat pay election (,	uctions)		1i								
instructions.	z	Add lines 1a through 1h								1z	10	01,615.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t			2b				
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds			3b				
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b				
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b				
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t			6b				
Single or Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here	e (see	instructions)								
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	quired,	check here				7		-203.		
Married filing	8	Other income from Schedule 1, lin	ie 10 .							8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total ir	ncome					9	10	1,412.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	ine 26						10				
Head of	11	Subtract line 10 from line 9. This is	s your ac	djusted gross inco	ome					11	10	1,412.		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedul	e A)					12	1 1	L2 , 950.		
If you checked any box under	13	Qualified business income deduct								13				
Standard	14	Add lines 12 and 13								14		L2 , 950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	your t	axable incom	ie			15	3	38,462.		

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	15,082.
Credits	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	15,082.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ie 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	15,082.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	15,082.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	18	,197		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	18,197.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındabl	e credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	18,197.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	3,115.
riciana	35a								35a	3,115.
Direct deposit?	b	Routing number 0 8 1				Checl	king 🗌	Savings	;	
See instructions.	d	Account number 3 5 5	0 1 2 4	1 3 5 () 5					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					37	
	38	Estimated tax penalty (see in	_	-		38			37	
Third Party		you want to allow another								
Designee							Yes. C	omplete	below.	X No
3	De	signee's		Phone			Pers	onal iden	tification	
	nai	me		no.			num	ber (PIN)		
Sign		der penalties of perjury, I declare tilef, they are true, correct, and com			, , ,			,		, ,
Here		ur signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Your occupation					nt you an Identity
	10	ar signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE I	DEVE1	LOPER	(se	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse an
your records.									ntity Prot e inst.)	ection PIN, enter it here
		one no. (980) 474-793	Ω	Email address	L HARI.VEER2		47 TT CC		,	
		eparer's name	Preparer's signat	l	HAKI.VEEK	Date	1A 1 1 . CC	PTIN		Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM	'		מווסיים יימוד או		08/2023		32703	Self-employed
Preparer				TATA DAGAK	OOLIA IAHHAM	102/	00/2023			
Use Only			XES LLC Y CT E BRU	MCMTCK M	T 08816					(678) 965-9522
	rir	m's address 245 ROONE	T CI E DKO	TADMICK NO	00010			Firi	n's EIN	84-3171965

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

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**

Name(s) shown on return Your social security number 095-51-7226 HARI NANDAN VEERLAPATI 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 (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. 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 768. 971. -203. 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 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -203. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 Box D checked Totals for all transactions reported on Form(s) 8949 with 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 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2022 Page 2

Part III Summary -203. 16 Combine lines 7 and 15 and enter the result 16 • 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 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 203.) 21 • (\$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.

8949

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

095-51-7226

HARI NANDAN VEERLAPATI

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

broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) combine the result (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/22 12/31/22 768. 971. -203.

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

768. 971.

-203. Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Form **8949** (2022)

2022 Individual Income Tax Payment Voucher (Form MO-1040V) Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.					Social Security Number 095 - 51 - 7226	
					Name Control	
Name HARI NANDAN VEERLAPATI					Spouse's Name Control	
Spouse's Name				Amount of Payment (U.S. funds only)		
Street Address 9779 GAYLORD PKWY						
City FRISCO	State T _I X	ZIP (₁ 5	22347011555
Full payment of taxes must be submitted by April 18, 2023 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. 1555 (12-2022)					Department Use Only Department Use Only	



For Calendar Year January 1 - December 31, 2022

Print in BLACK ink only and DO NOT STAPLE.

|--|

	Amended Return Composite Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension.	Attach a copy Federal Extension (Form 4	368).
	al real beginning (MM/DD/FF) Piscal real Ending (MM/DD/FF)	Department Use Only	
Filing Status	X Single Claimed as a Married Filing Married Filing Dependent Combined Separately	-	
Yo	Age 62 through 64 Age 65 or Older Blind Yourself Spouse Yourself Spouse Yourself Yo	100% Disabled Non-Obligated	Spouse
Name	Social Security Number Deceased in 2022 Spouse's Social	_	Suffix Suffix
Address	Present Address (Include Apartment Number or Rural Route) 9779 GAYLORD PKWY City, Town, or Post Office FRISCO County of Residence NONR	State ZIP Code TX 75035 -	
	[

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



IN























REV 01/20/23 PRO





					Yoursell (Y)			Spouse (S)						
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y		101412	00	18].[00				
	2.	Total additions (from Form MO-A , Part 1, Line 7)	2Y		. [00	28].[00				
ne	3.	Total income - Add Lines 1 and 2	3Y	L	101412	00	3S			00				
Income	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		[00	48			00				
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y		101412	00	58	1] . [00				
	6.	Total Missouri adjusted gross income - Add columns 5Y and 5S	3		6	10	1412	00						
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		100	%	78		9	6				
	8.	Pension, Social Security and Social Security Disability exemption Section D)	•				8		. [00				
	9.	Tax from federal return		9	15082].[c	00							
	10.	10. Other tax from federal return												
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11	15082].[00							
	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage		12	5.00	9	%							
Deductions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta \$25,000 or less 35 \$25,001 to \$50,000 25 \$50,001 to \$100,000 15 \$100,001 to \$125,000 5 \$125,001 or more 0	5% 5% 5%	cer	ntage:									
	13. 14.	Federal income tax deduction – Multiply Line 11 by the percentary amount not to exceed \$5,000 for an individual or \$10,000 for complete Missouri standard deduction or itemized deductions. (If itemizing	mbin	ed 1	filers		13	754].[00				
Exemptions	14.	Single or Married Filing Separate-\$12,950 Head of House Married Filing Combined or Qualifying Widow(er)-\$25,900	sehold	1-\$1	9,400		14	12950].[00				
	15.	Additional Exemption for Head of Household and Qualified Wide	ow(er	·)			15].[00				
	16.	Long-term care insurance deduction					16].[00				
	17.	Health care sharing ministry deduction					17].[00				
	18.	Active Duty Military income deduction					18].[00				
	19.	Inactive Duty Military income deduction					19			00				
	20.	Bring jobs home deduction					20			00				
	21.	Transportation facilities deduction					21] . [00				
		A. Port Cargo Expansion B. International Trade Fac	cility		C. Qualified Trade	e Ac	tivities	IN						

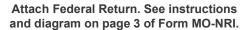


	22.	First time home buyers deduction. A.	В.			22		. 0	00
	23.	Long term dignity savings account deduction				23			00
Deductions Continued	24.	Foster parent tax deduction				24			00
ıs Con	25.	Total deductions - Add Lines 8 and 13 through 24				25	13704	. 0	00
duction	26.	Subtotal - Subtract Line 25 from Line 6				26	87708	. 0	00
Dec	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	8770	00 .	278		. 0	00
	28.	Enterprise zone or rural empowerment zone income modification	28Y		. 00	28S		. 0	00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	8770	00	298		. [00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	446	54 . 00	30S		. 0	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y		. 00	318		. 0	00
×	32.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y		1 %	328		%	, D
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y		15.00	338		. 0	00
	34.	Other taxes - Select box and attach federal form indicated.							
		Lump sum distribution (Form 4972)							
		Recapture of low income housing credit (Form 8611)	34Y		00	34S			00
	35.	Subtotal - Add Lines 33 and 34	35Y	4	15 . 00	358		. 0	00
	36.	Total Tax - Add Lines 35Y and 35S				. 36	45	. c	00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 37	2	. 0	00
	38.	2022 Missouri estimated tax payments - Include overpayment from	om 2021	applied to 2022	2	38		. 0	00
Payments and Credits	39.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP				. 39		. [00
ts and	40.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO	<u>-2ENT</u>		. 40		. 0	00
aymen	41.	Amount paid with Missouri extension of time to file (Form MO-	<u>-60</u>)			. 41		. [0	00
	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	h Form	MO-TC		. 42		. [0	00
	43.	Property tax credit - Attach Form MO-PTS				. 43		. [0	00
	44.	Total payments and credits - Add Lines 37 through 43				. 44	2		00

	Sk	cip Lines 45 through 47 if you are not filing an amended return.		
	45.	Amount paid on original return	45	. 00
	46.	Overpayment as shown (or adjusted) on original return	46	. 00
		Indicate Reason for Amending Enter date of IRS report (MM/DD/YY)		
Amended Return		A. Federal audit Enter year of loss (YY)		
Amend		B. Net Operating Loss carryback Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed	. (MM/DD/YY)	
		D. Correction other than A, B, or C		
	47.	Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46. Enter on Line 47.	47	. 00
	48.	If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference. Amount of OVERPAYMENT	. 48	. 00
	49.	Amount of Line 48 to be applied to your 2023 estimated tax	49	. 00
	50.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional	trust fund codes.	
	50	Children's a. Trust Fund	Missouri National Guard Od. Trust Fund	. 00
	50	Kansas City Soldiers Memorial	General Oh. Revenue Fund	. 00
Refund	50	Organ Donor II. Program Fund Soj. Regional Law Enforcement Memorial Foundation Fund Sol. St. Louis Fund So	MIssouri Medal of OI. Honor Fund	. 00
Ref	50	Additional Fund Fund Amount . 00 50n. Code Additional Fund Amount		
		Total Donation - Add amounts from Boxes 50a through 50n and enter here	50	. 00
	51.	Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from Form 5632.	51	. 00
	52.	REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here	52	. 00
		a. Routing Number c. b. Account Number	Checking Sa	vings

	53.	If Line 36 is larger than Line 44 or Line	e 47, enter the difference.		53	4.	3 0			
		Amount of UNDERPAYMENT					╚ ¬ ┌			
Amount Due	54.	Underpayment of estimated tax penals	ty - Attach <u>Form MO-2210</u> . Enter pen	alty amount he	ere 54		0			
Amou		Select this box if you are a farm	ner exempt from the underpayment of	f estimated tax	penalty.					
	55.	AMOUNT DUE - Add Lines 53 and 54	l.							
		If you pay by check, you authorize the			55	4.	3 6			
		electronically. Any returned check may	y be presented again electronically		55		3.0			
	of r the bas imp una alie	der penalties of perjury, I declare that I hamy knowledge and belief it is true, correct, Department of Revenue with my signatured on all information of which he or shoosed on any individual who files a suthorized aliens as defined under federens. I am aware of any applicable reportimo.	and complete. By signing or entering more as required under <u>Section 143.561,</u> the has knowledge. As provided in <u>Charter of the Charter of t</u>	ny name in the " RSMo. Declara apter 143, RS er penalties of tax exemption	'Signature" field(s ation of preparer (<u>BMo.</u> , a penalty of f perjury that I n, credit, or abate	s) below, I am p (other than taxp of up to \$500 : employ no ill ement if I empl	orovidir payer) shall b legal loy sud			
		nature			Date (MM/DD/YY)					
	Sne	ouse's Signature (If filing combined, BOTH m	ust sian)		Date (MM/DD/Y)	\ Y)				
		succession of the second secon	ust sign)							
0	E-r	nail Address			Daytime Telepho	l L				
Signature	C	ZAMACTAVETTE COM								
Sign		YAM@GTAXFILE.COM eparer's Signature			98047479 Date (MM/DD/Y)					
	FIE	parer's Signature								
		YAM PRIYA RAM SAGAR GU		08 2	3					
	Pre	eparer's FEIN, SSN, or PTIN	Preparer's Telep	hone						
	8	4-3171965			6789659522					
	Pre	parer's Address			State ZIP Code					
	24	45 ROONEY CT E BRUNSWI	CCK		NJ	08816				
	or Did an	uthorize the Director of Revenue or del any member of the preparer's firm If you pay a tax return preparer to complete Internal Revenue Service preparer tax is exparer's name, address, and phone number 1	ete your return, but the preparer failed dentification number? If you marked your limited in the applicable sections of the si	to sign the ret	urn or provide ert the	Yes Yes	× N			
			22322051555 Department Use Only							
	Α	FA E10	☐ DE ☐ F							
_					E	orm MO-1040 (Revise	ed 12. 20°			
Mai	l to:	Balance Due: Missouri Department of Revenue P.O. Box 3370 Jefferson City, MO 65105-3370 Phone: (573) 751-7200	Refund or No Amount Due: Missouri Department of Revenue P.O. Box 3222 Jefferson City, MO 65105-3222 Phone: (573) 751-3505	Email: <u>inc</u> Submissic Email: <u>inc</u>) 522-1762 cometaxproces on of Individual come@dor.mo. d corresponde	sing@dor.mo I Income Tax gov	o.gov			
If ye	s, vis	erved on active duty in the United it dor.mo.gov/military/ to see the services a s. A list of all state agency resources and be	and benefits we offer to all eligible military		11 (25% 11 25 (25% 11 25 (25% 12)	IN DEVO	120/23 BBO			

veteranbenefits.mo.gov/state-benefits/.





Social Security Number		Spouse's Social Security Number						
095 - 51 - 7	7226							
Name		Spouse's Name						
VEERLAPATI, HARI NANDA	AN							
Address		Address						
9779 GAYLORD PKWY								
City, State, ZIP Code		City, State, ZIP Code						
FRISCO	TX 75035							
1. Nonresident of Missouri State of residence during 202	22 TEXAS	1. Nonresident of Missou State of residence during						
	uctions on Form MO-NRI, page 3)	Remote Work (See instructions on Form MO-NRI,						
2. Part-Year Missouri Reside	ent	2. Part-Year Missouri Res	sident					
Remote Work (See instru	uctions on Form MO-NRI, page 3)	Remote Work (See instructions on Form MO-NR						
Indicate the dates you were a M	/lissouri Resident in 2022.	Indicate the dates you were	a Missouri Resident in 2022.					
A. Date From:	Date To:	A. Date From:	Date To:					
B. Indicate the other state of	residence	B. Indicate the other state	e of residence					
and dates you resided the	ere	and dates you resided	there					
Date From:	Date To:	Date From:	Date To:					
because your spouse is there on m	esidency Relief Act, if you are the nilitary orders, and Missouri is your s report 100% on Line 32 of Form MO-	state of residence, any income you						
•	Status - Indicate your tax status Missouri Income Percentage.		x Status - Indicate your tax status C - Missouri Income Percentage.					
Missouri Home of Record I did not at any time during permanent place of abode than 30 days in Missouri of	Missouri Income Percentage.	Missouri Home of Re I did not at any time di permanent place of at than 30 days in Misso	C - Missouri Income Percentage.					

	Wor	ksheet for Missouri Source Income							
			Federal Form		Yourself or		Spouse	On A	
		Adjusted Gross	1040 or Federal Form 1040-SR		One Income Filer		Combined		
		Income Computations	Line No.		Missouri Sources		Missouri S		
		income computations			Missouri Sources		Wilssouti C	ources	
	Α.	Wages, salaries, tips, etc.	1z	Α	592 00)	А		00
	В.	Taxable interest income.	2b	В	00		В		00
	C.	Dividend income	3b	С	. 00		С		00
	D.	State and local income tax refunds (from schedule 1, part 1)	1	D	00		D		00
	E.	Alimony received (from schedule 1, part 1)	2a	Е	00	- 1	Е		00
	F.	Business income or (loss) (from schedule 1, part 1)	3	F	00		F		00
	G.	Capital gain or (loss)	7	G	0 00		G		00
	Н.	, , , , , , , , , , , , , , , , , , , ,	4	Н	00		Н		00
	1.	Taxable IRA distributions.	4b	ı	00		1		00
Part B	J.	Taxable pensions and annuities	5b	J	00	- 1	J		00
Par	K.	Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	Κ	00		K		00
	L.	Farm income or (loss) (from schedule 1, part 1)	6	L	00	- 1	L		00
	М.		7	М	00		М		00
	N.		6b	N	00		N		00
	0.	Other income (from schedule 1, part 1)	9	0	00		0		00
	Р.	Total - Add Lines A through O		Р	592 00		Р		00
	Q.		10	Q	00		Q		00
		SUBTOTAL (Line P - Line Q) If no modifications to income,			-				
		enter this amount on Part C, Line 1	11	R	592 . 00) [R		00
	S.	Missouri modifications - additions to federal adjusted gross income							
		(Missouri source from Form MO-1040, Line 2)		S	. 00		S		00
	T.								
		(Missouri source from Form MO-1040, Line 4)		Т	. 00		Т		00
	U.	MISSOURI INCOME (Missouri sources) Line R plus Line S, minus							
		Line T. Enter this amount on Part C, Line 1		U	. 00)	U		00
	Miss	souri Income Percentage							
					ourself or		Spouse		
				One	Income Filer	(On A Combine	d Return	1)
	1.	•	43.4		500 00 1				
		file a Missouri return if the amount on this line is more than \$600)	1Y		592].[00] [1	1S			00
Part C	2.	Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y							
Pai		and 5S or from your federal form if you are a military nonresident and you			101410 00 5	28			00
		are not required to file a Missouri return)	2Y		101412 . 00 2	20			00
	0	Manager Street on Branch and British at the College of the							
	3.	Missouri Income Percentage - Divide Line 1 by Line 2. If greater than							
		100%, enter 100%. (Round to a whole percent such as 91% instead of 90.5% and 90% instead of 90.4%. However, if percentage is less than							
		0.5%, use the exact percentage.) Enter percentage here and on Form							
		MO-1040, Lines 32Y and 32S	3Y		1 % 3	38			%
		WO-1040, Lines 321 and 323				,			, ,
	Un	der penalties of perjury, I declare that I have examined this form and to	the best of m	y kno	owledge and believe it is	s tr	ue, correct, and	comple	te.
	De	claration of preparer (other than taxpayer) is based on all information o	f which he/she	e has	any knowledge. As pro	ovid	led in Chapter 1	43, RSN	Λо,
	ар	penalty of up to \$500 shall be imposed on any individual who files a frive							
ure	Sic	gnature	1/DE	D/YY)					
Signature		•							
Sig									
	Sp	ouse's Signature (if filing combined, BOTH must sign)			Date (MM	1/DE	D/YY)		

1555 REV 01/20/23 PRO

Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.



DR 8454 (11/07/22) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov
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State of Colorado Income Tax Declaration for Online Electronic Filing

	It mail this form to the I			For Tax Yea	ar (MM/DD/Y)	()		or Fisca	ıl Yea	ar begin	ning (м	M/DD/YY)
Depar	tment of Revenue. Ret	ain with your re	ecords.	12/31/	22							
Tax Ty	ре											
Σ	Individual Income (DR 0104)	Corporate Ir (DR 0112)	ncome		nership/s 0106)	S-Corp Ir	ncome	e		Fiduc (DR 0		ncome
Тахрау	er Last Name or Business Nan	ne	First Na	me or Busine	ess DBA if	different fi	om Bu	siness N	ame			Middle Initia
VEER	RLAPATI		HARI	NANDAN								
Spous	e's Last Name (if applicable)		First Na	me								Middle Initia
Taxpay	er SSN or ITIN		Spouse	SSN or ITIN	(if applicab	le)			FE	IN		
095-	51-7226											
Taxpay	er or Business Address				City					State	ZIP	
9779	GAYLORD PKWY				FRISC	0				TX	750	035
		Part	: I — Тах	Return li	nformati	on					1	
1 Tota	al Income from your fede	ral return (see ins	structions	s for more	informat	ion)	1	\$				101412
2. Tax	able Income (or allowabl more information)											88462
	orado Tax from your Colo						3	\$				3877
	orado Tax Withheld or Pa nore information)	ayments, from you	ur Colora	ado return	(see ins	tructions		\$				4486
	,	Part I	II — Dec	claration c	of Tax Pa	ayer		1 1				
Federal/0 I underst	enalties of perjury, I declare that the Colorado income tax returns, and the and that I (or my Electronic Return es, and attachments upon request b	at said tax returns, stater Originator (ERO) if appl	ments, sche icable) may	dules and attac be required to	chments are provide pa	true, correct per copies of	t, and co of this de	mplete to eclaration,	the b my r	est of meturns, v	y knowle withhold	edge and belief ling statements
Signatu	·	y the colorado Boparano	SIIC OF FROVO	ide at any time	during the	201104 00101		e (MM/DD/		tate or in	mication	J.
Spouse	e's Signature (If Joint Return, B	oth Must Sign)					Date	e (MM/DD/	YY)			
		Part III — Dec	laration	of ERO/F	reparer	/Transm	itter					
	If the transmitter did not	prepare the tax r	eturn, ch	neck here								
the prepa taxpayer correct, a have pro of limitati	ot the preparer, I declare only that the preparer, I declare, under penalties of perjury I declared the amounts shown in Part I and and complete to the best of my knowled the taxpayer with copies of a lons, and to provide paper copies of at any time during this period.	clare that I have reviewed bove agree with the amou wledge and belief. As pre Il forms and information f	the above to the shown of the parer, I furtofiled. I also a	taxpayer's Fedon said tax retuither declare that agree to maint	eral/Colorad rns, and tha at I have obt ain this sign	o income tax t said tax ret ained the ta ed Form (DF	k returns urns, sta xpayer's R 8454)	and that the tements, so signature for the pe	the in sched on to	formatio dules, an his form covered	n provid nd attach at the ti by the C	led to me by the nments are true ime of filing and Colorado statute
ERO's	Signature				Pre	eparer Ider	ntificatio	n Numb	er, Y	our SSI	N, or IT	IN
SYAM	I PRIYA RAM SAGAR G	UPTA TALLAM			P	0208270)3					
	01 1 1 5				Da	ite (MM/DD/Y	Y)					
	Check if also Prepa	rer X			0:	2/08/23	3					





DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
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(0013)

2022 Colorado Individual Income Tax Return

	r or Nonresident (or resident dent combination) *Mus)104PN		k if Abro instructi	ad on due da ons	ate –	
Your Last Name		Your First						Middle Initial	
VEERLAPATI		HARI	NANI	AN					
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased							
04/25/1997	095-51-7226							must include your return.	
Enter the following information from your current driver license or state identification card.			State of Issue Last 4 characters of ID			ID number	number Date of Issuance		
				229	9		11/04/22		
If Joint, Spouse's Last Name		Spouse's	First N	lame				Middle Initial	
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased	<u>」</u>						
			L	the D	R 0102 and	death c	ertificate with	•	
Enter the following information	n from vour snouse's	State of Is	ssue	Last 4	characters of	D number	Date of Issuar	nce	
current driver license or state	identification card.								
Mailing Address						Pho	one Number		
9779 GAYLORD PKWY						(9	80)474-79	39	
City		S	State	ZIP Code		Foreign	Country (if appl	icable)	
FRISCO		ŗ	TX	75035					
To see if you or members	s of your household qua	lify for fre	e or	reduced-	cost health	coveraç	e, check this	box if:	
You are a Colorado re AND	esident and at least one	person ir	ı you	r househ	old does no	t have h	ealth covera	ge	
	the Colorado Department e Colorado Health Benefit								
						R	ound To The N	learest Dollar	
1. Enter Federal Taxable Inco		come tax	form	1:				88462	
1040, 1040 SR, or 1040 SF					• 1			00402	
Include W-2s and 1099s with 0	Additions to	Fodoral	Toyo	blo Inco	mo				
2. State Addback, enter the s									
1040 SR, or 1040 SP sche		•	Jui II	caciai iu	• 2			0 0	
3 Qualified Business Income	·		tione)	• 3			0.0	



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
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220104 21555

Name Signature S		SSN or ITIN	
HARI NANDAN VEERLAPATI		095-51-7226	
Itemized Deduction addback (see instructions)	• 4		0 0
Terrized Deduction addback (see instructions) CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program	• 4		00
Contribution (see instructions)	• 5		00
Contribution (See Instructions)			
6. Other Additions, explain (see instructions)	• 6		00
Explain:			
7. Subtotal, sum of lines 1 through 6	7	88462	0 0
Colorado Subtractions 8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the			
DR 0104AD schedule with your return.	• 8		00
Div 0104/10 30110adic with your return.			00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	88462	00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and		OR 0104PN Schedule	1
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the		3877	
DR 0104PN with your return if applicable.	• 10	3877	00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the			
DR 0104AMT with your return.	• 11		0 0
12. Recapture of prior year credits	• 12		00
40. Outlietel anne of lines 40 there will 40	40	3877	0.0
13. Subtotal, sum of lines 10 through 12	13		00
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, a cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14		00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the			00
DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you m			
submit the DR 1366 with your return.	• 15		00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 car			
exceed line 13, you must submit the DR 1330 with your return.	• 16		00
•		3877	
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	3011	00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the			
DR 0104US with your return.	• 18		00
19. Net Colorado Tax, sum of lines 17 and 18	19	3877	00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s ar	i	4486	
1099s claiming Colorado withholding with your return.	• 20	1100	00
OA Disasses Fating stad Tay Oam famous	0.4		0.0
21. Prior-year Estimated Tax Carryforward	• 21		0 0
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted fo			0 0
this tax year	• 22		00
23 Extension Payment remitted with the DR 0158-I	23		00
23. Extension Payment remitted with the DR 0158-I	• 23		0 (



DR 0104 (11/18/22)
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Tax.Colorado.gov

220104 Page 3 of 4 Name SSN or ITIN HARI NANDAN VEERLAPATI 095-51-7226 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. • 27 00 4486 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, 101412 00 1040 SR line 11. or 1040 SP line 11 29 00 30. Nontaxable Social Security Income • 30 **31.** Nontaxable interest income from state and local bonds • 31 00 101412 00 32. Sum of lines 29 through 31: Modified AGI for TABOR 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 \$600 \$416 \$468 \$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 4486 **34.** Sum of lines 28 and 33 34 00 609 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. 609 00 **37.** Refund, subtract line 36 from line 35 (see instructions) 37 0 8 1 0 0 0 0 3 2 CollegeInvest 529 Routing Number Checking Savings **Direct** Deposit Account Number 3 5 5 0 1 2 4

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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Name			SSN or ITIN			
HARI NANDAN VEERLAPATI			095-51-7226			
38. Net Tax Due, subtract line 34 from line 19	3	8	0.0			
39. Delinquent Payment Penalty (see instructions	• 3	9	0.0			
40. Delinquent Payment Interest (see instructions	• 4	0	0 0			
41. Estimated Tax Penalty, you must submit the D	OR 0204 with your return.					
(see instructions)	• 4	1	0.0			
42. Amount You Owe, sum of lines 38 through 41	• 4	2				
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.						
	Third Party Designee					
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.	• X No • Yes. Comp	olete the fo	ollowing:			
Designee's Name		Phone N	Number			
•		•				
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return is	true, correct	t and complete.			
Your Signature			Date (MM/DD/YY)			
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)			
Paid Preparer's Name		Paid Pre	parer's Phone			
GLOBAL TAXES LLC		(678)	965-9522			
Paid Preparer's Address	City	State	ZIP Code			
245 ROONEY CT	E BRUNSWICK	NJ	08816			

REV 01/11/23 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 80261-000**5**

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





DR 0104PN (11/07/22)
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Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2022

Taxpayer's Name			SSN	or ITIN
HARI NANDAN	VEERLAPATI		095	5-51-7226
gross income so	you and/or your spouse were a resident of that Colorado tax is calculated for only yo gh 9 of the DR 0104. If you filed federal for	ur Colorado income. Complete	this form after	
1. • Taxpayer is	s (mark one): X Full-Year Nonresident	Part-Year Resident from	eginning (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	eginning (MM/YY)	Ending (MM/YY)
	Full-Year Resident	Nonresident 305-day rule	Military	
3.	ederal form you filed: 🗵 1040 🔲 10	40 NR	Other	
		- 1 11 6 41		
		Federal Information	Colorac	do Information
4. Enter all inc	ome from form 1040, 1040 SR, or e 1.	Federal Information		lo Information
1040 SP lin 5. Enter incom while you we		101615 00 g in Colorado and/or earned s should include moving		101023 00
5. Enter incom while you we expense reil	e 1. e from line 4 that was earned while working ere a Colorado resident. Part-year resident	101615 00 g in Colorado and/or earned s should include moving		101023
 1040 SP lin 5. Enter incom while you we expense rein 6. Enter the sin from form 1 and 3b. 7. Enter income 	e 1. e from line 4 that was earned while working ere a Colorado resident. Part-year resident mbursements only if paid for moving into Colum of all interest/dividend income 040, 1040 SR or 1040 SP lines 2b e from line 6 that was earned while you were	in Colorado and/or earned s should include moving plorado. • 5 a resident of Colorado or		101023
 1040 SP lin 5. Enter income while you we expense rein 6. Enter the set from form 1 and 3b. 7. Enter income derived from 8. Enter all inconded Schedule 1, 	e 1. e from line 4 that was earned while working ere a Colorado resident. Part-year resident inbursements only if paid for moving into Coum of all interest/dividend income 040, 1040 SR or 1040 SP lines 2b e from line 6 that was earned while you were the ownership of real or tangible personal prome from form 1040, 1040 SR or 1040 SP, line 7.	a resident of Colorado or operty located in Colorado. • 7		101023
 1040 SP lin 5. Enter income while you we expense rein 6. Enter the single from form 1 and 3b. 7. Enter income derived from 8. Enter all income Schedule 1, 9. Enter income from another 	e from line 4 that was earned while working are a Colorado resident. Part-year resident inbursements only if paid for moving into Colum of all interest/dividend income 040, 1040 SR or 1040 SP lines 2b e from line 6 that was earned while you were the ownership of real or tangible personal prome from form 1040, 1040 SR or 1040 SP, line 7. e from line 8 that is from State of Colorado ur state's benefits that were received while you	a resident of Colorado or operty located in Colorado. • 7		101023
1040 SP lin 5. Enter incom while you we expense rein 6. Enter the se from form 1 and 3b. 7. Enter income derived from 8. Enter all income Schedule 1, 9. Enter income from another 10. Enter all income and line 4 of S	e 1. e from line 4 that was earned while working ere a Colorado resident. Part-year resident inbursements only if paid for moving into Coum of all interest/dividend income 040, 1040 SR or 1040 SP lines 2b e from line 6 that was earned while you were the ownership of real or tangible personal prome from form 1040, 1040 SR or 1040 SP, line 7. e from line 8 that is from State of Colorado ur	a resident of Colorado or operty located in Colorado. • 5 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 7 compared to the colorado or operty located in Colorado. • 9 compared to the colorado or operty located in Colorado. • 9 compared to the colorado or operty located in Colorado or operty located in Colorado. • 9		101023



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ZZUIU4FNZIJJJ				
Name				SSN or ITIN
HARI NANDAN VEERLAPATI				095-51-7226
		Fadaval Information		Palawada Information
12. Enter the sum of all income from form 1040,		Federal Information		Solorado Information
or 1040 SP lines 4b, 5b and 6b.	• 12	0	۸	
13. Enter income from line 12 that was received			U .	
Colorado resident.	during that part	or the year you were a • 1	3	00
14. Enter the sum of all business and farm inco	me from	<u> </u>	3	
form 1040, 1040 SR, or 1040 SP, Schedule				
and 6.	• 14	0	0	
15. Enter income from line 14 that was earned of		· · · · · · · · · · · · · · · · · · ·		
Colorado resident and/or was earned from (•		5	0.0
16. Enter all Schedule E income from form 1040				15.5
or 1040 SP, Schedule 1, line 5.	• 16	0	o	
17. Enter income from line 16 that was earned f	rom Colorado so	urces; and/or rent and		
royalty income received or credited to your a	account during th	e part of the year you		
were a Colorado resident; and/or partnershi	p/S corporation/f	iduciary income that is		
taxable to Colorado during the tax year.		• 1	7	0.0
18. Enter the sum of all other income from form	1040,			
1040 SR, or 1040 SP, Schedule 1, lines 1, 2	а			
and 9.	• 18	0	0	
List Type				
19. Enter income from line 18 that was earned of				
Colorado resident and/or was derived from	Colorado sources	s. • 1	9	0.0
List Type				
20. Total Income. Enter amount from form 1040	1040 SD			
or 1040 SP, line 9.	, 1040 SK, 20	101412 0	٨	
21. Total Colorado Income. Enter the total from		U.S.	U	
13, 15, 17 and 19.	the Colorado col	2	1	101023
22. Enter all federal adjustments from form 1040,	1040 SR		•	100
or 1040 SP, line 10.	• 22	0	0	
List Type				
23. Enter adjustments from line 22 as follows		• 2	3	0.0
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.



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Name			SSN or ITIN
HARI NANDAN VEERLAPATI			095-51-7226
	Federal Information		Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040, 1040 SP, or 1040 SR line 11.	101412	00	
25. Colorado Adjusted Gross Income. Subtract the amount from the amount on line 21 of Form 104PN.	on line 23 of Form 104PN	25	101023 00
 26. Additions to Adjusted Gross Income. Enter the sum of lines 3 through 6 of Colorado Form 104 excluding any charitable contribution adjustments. 		00	
27. Additions to Colorado Adjusted Gross Income. Enter line 26 that is from non-Colorado state or local bond a Colorado resident.*	interest earned while	27	00
28. Total of lines 24 and 26 28	101412	00	
29. Total of lines 25 and 27		29	101023 00
 30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions. 		00	
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows:		31	00
 The state income tax refund subtraction to the extent i The federal interest subtraction to the extent included The pension/annuity subtraction and the PERA or DPS n The Colorado Agricultural capital gain subtraction to the For treatment of other subtractions, see the Individent Part-Year Residents & Nonresidents. 	on line 7 above etirement subtraction to the e le extent included on line 20	abo	ove
32. Modified Adjusted Gross Income. Subtract line 30 from line 28.	101412	00	
33. Modified Colorado Adjusted Gross Income. Subtract lin		33	101023 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34	77.0104	%	
35. Tax from the tax table based on income reported on the 36. Apportioned tax. Multiply line 35 by the percentage on	e DR 0104 line 9	35	3892 00
line 34. Enter here and on DR 0104 line 10. 36	3877	00	

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

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