Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taypayar'a nama

талрау		Social Securi	ty number	
VEN	KATA NAGA SAI SUH YAKKALI	323-27	-8514	
Spouse	's name	Spouse's soo	cial security nur	nber
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	are authorizi	ng.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	43,707.
2	Total tax		2	1,488.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,644.
4	Amount you want refunded to you		4	7,156.
5	Amount you owe		5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

×	I authorize	GLOBAL	TAXES		to enter or generate my PIN	Er
				ERO firm name		

7	8	5	1	4	
Ent don	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
.0	011101	0	gonorato	i i i y	

Enter five digits, but don't enter all zeros

as mv

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature	Date					 		
Practitioner PIN Method Returns Only—continu	e bel	ow						
Part III 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			6 all zei	 9	89	}

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	RO's signature ► Date ►							
E Don't Su								
For Denerwork Deduction Act Nation	en et en instructions		Earm 8879 (Bay, 01 2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2	2	OMB No. 1545-	0074	IRS Use Only	—Do not w	rite or staple in this space.
Filing Status Check only one box.		Single Married filing jointly	_	filing separately (N Ir spouse. If you ch	,			· · · ·	spou	lifying surviving use (QSS) name if the qualifying
		on is a child but not your dependent		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,.,				,		
Your first name	and mi	ddle initial	Last name						Your so	cial security number
VENKATA	NAGA	A SAI SUH	YAKKAI	LI					323-2	27-8514
lf joint return, sp	ouse's	first name and middle initial	Last name						Spouse'	s social security number
Home address (numbe	er and street). If you have a P.O. box, see	instructions	5.			A	Apt. no.	Preside	ntial Election Campaigr
<u>3895 S D</u>	ALLA	AS ST								nere if you, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spac	ces below.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a
AURORA					CC)	800	14		ow will not change
Foreign country	name		Fore	eign province/state/c	coun	ty	Foreig	in postal code	your tax	c or refund.
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a re	eward, award, or	payr	nent for proper	ty or	services); or	(b) sell,	
Assets	exch	ange, gift, or otherwise dispose of a	a digital ass	set (or a financial i	nter	est in a digital a	asset)	? (See instru	ictions.)	🗌 Yes 🛛 No
Standard	_	eone can claim: 🗌 You as a de		Vour spouse		•				
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status a	alien					
Age/Blindness	You:	Were born before January 2, 1	958 🗌 /	Are blind Spo	use	: 🗌 Was bori		ore January 2		Is blind
Dependents	•			(2) Social security number		(3) Relationshi	p (4			fies for (see instructions):
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for other dependents
than four dependents,										
see instructions										
and check										
here		T								
Income	1a ⊾	Total amount from Form(s) W-2, b	`	,					. <u>1a</u>	
Attach Form(s)	b	Household employee wages not re							. 1b	
W-2 here. Also	C d	Tip income not reported on line 1a					• •		. <u>1c</u> . 1d	
attach Forms W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f					• •		. 10 . 1e	
1099-R if tax	e f	Employer-provided adoption bene		-			• •		. 1f	-
was withheld.		Wages from Form 8919, line 6 .					• •			
If you did not get a Form	g h	Other earned income (see instruct					• •		. <u>1g</u> . 1h	
W-2, see	i	Nontaxable combat pay election (s	,			· · · · ·	ì			0.
instructions.	z	Add lines to through th		,					. 1z	43,707.
Attach Sch. B	2a		2a	· · · · · ·		axable interest	• •		. 12	
if required.	3a		3a			ordinary divider			. 25 . 3b	
	4a		4a			axable amount			. 4b	
Standard	5a		5a			axable amount			. 5b	
Deduction for-	6a		6a			axable amount			. 6b	
 Single or Married filing 	c	If you elect to use the lump-sum e						Г		
separately,	7	Capital gain or (loss). Attach Scher							7	
\$12,950Married filing	8	Other income from Schedule 1, line 10								
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	43,707.
surviving spouse, 10 Adjustments to income from Schedule 1 line 26								. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							. 11	
household,	12	Standard deduction or itemized	•	-					. 12	
\$19,400 • If you checked	13	Qualified business income deduct				5-A			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	
Deduction,	15	Subtract line 14 from line 11. If zer					е.		. 15	
see instructions.										

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (202	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3		. 1	6	3,	488.
Credits	17	Amount from Schedule 2, lin	ne3					. 1	7		
	18	Add lines 16 and 17						. 1	в	З,	488.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 1	9		
	20	Amount from Schedule 3, lin	ne8					. 2	0	2,	000.
	21	Add lines 19 and 20						. 2	1	2,	000.
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				. 2	2	1,	488.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			. 2	3		0.
	24	Add lines 22 and 23. This is	your total tax					. 2	4	1,	488.
Payments	25	Federal income tax withheld									
,,	а	Form(s) W-2				25a	8,6	44.			
	b	Form(s) 1099				25b	· · · ·				
	с	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,					. 25	d	8,	644.
	26	2022 estimated tax paymen						. 2	6		
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit				29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31				L	credits .	. 3	2		
	33	Add lines 25d, 26, and 32. T								8,	644.
Defined	34	If line 33 is more than line 2						. 3	_		156.
Refund	35a	Amount of line 34 you want				•	-	35	ia	7,	156.
Direct deposit?	b	Routing number 1 0 2				Checki			-		
See instructions.	d	Account number 7 6 6						J.			
	36	Amount of line 34 you want			ed tax	36	-				
Amount	37	Subtract line 33 from line 24	,								
You Owe	01	For details on how to pay, g						. 3	7		
	38	Estimated tax penalty (see i				38					
Third Party	Do	you want to allow another				See					
Designee		structions	•				Yes. Comp	olete belo	N. 🕽	< No	
-		signee's		Phone				identificati	on		
	na			no.			number (,			
Sign		der penalties of perjury, I declare ief, they are true, correct, and con									
Here		· · ·	ipiete. Declaration (iseu on ai	Innormation of				
	Yo	ur signature		Date	Your occupation			If the IRS Protection			
Joint return?					SOFTWARE I	DEVEL	OPER	(see inst.)			
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati		-	If the IRS	sent ye	our spous	e an
Keep a copy for your records.										on PIN, er	nter it here
your records.								(see inst.)			
		one no.		Email address	SAISUHAAS	-			-		
Paid		parer's name	Preparer's signat			Date	PT			neck if:	
Preparer	SYAN	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/27	/2023 PO	208270	<u> </u>	_ Self-em	
Use Only	Fir	m's name GLOBAL TA						Phone no		8)965	
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's Ell	٧	84-31	
Co to unusuing or	au// Carr	1040 for instructions and the late	at information							E	

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074

2

20

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

Departm Internal	Att Se	tachment equence No. 03			
	(s) shown on Form 1040, 1040-SR, or 1040-NR			cial se	curity number
Par	KATA NAGA SAI SUH YAKKALI t I Nonrefundable Credits		323-2	27-85	14
1				1	
2	Credit for child and dependent care expenses from Form 2				
2	Form 2441		2		
3	Education credits from Form 8863, line 19		3	2,000.	
4	Retirement savings contributions credit. Attach Form 8880 .			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	. 6a			
b	Credit for prior year minimum tax. Attach Form 8801				
с	Adoption credit. Attach Form 8839				
d	Credit for the elderly or disabled. Attach Schedule R	. 6d			
е	Alternative motor vehicle credit. Attach Form 8910	. 6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	. 6f			
g	Mortgage interest credit. Attach Form 8396	. 6 g			
h	District of Columbia first-time homebuyer credit. Attach Form 88	59 6h			
i	Qualified electric vehicle credit. Attach Form 8834	. 6 i			
j	Alternative fuel vehicle refueling property credit. Attach Form 89	11 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	. 6k			
I	Amount on Form 8978, line 14. See instructions	. 61			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z $$.			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1	040-SR, or 10	40-NR,		
	line 20			8	2,000. ed on page 2)
			(00	ກາດເມີບເ	50 UN Paye 2)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 02/24/23 PRO

Schedule 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g h	Reserved for future use	13g 13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	
	BAA REV	02/24/23 PRO	Schedule 3	(Form 1040) 202

Form **8863**

Department of the Treasury Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

Name(s) shown on return VENKATA NAGA SAI SUH YAKKALI Your social security number 323-27-8514

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	I Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,					
	or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
_	the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4				
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or					
	qualifying surviving spouse	5				
6	If line 4 is:					
	• Equal to or more than line 5, enter 1.000 on line 6					
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro				6	
	at least three places))		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the					
	conditions described in the instructions, you can't take the refundable Americ skip line 8, enter the amount from line 7 on line 9, and check this box				7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				1	
0	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.		8			
Part	II Nonrefundable Education Credits					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instru	ctions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	29,392.
11	Enter the smaller of line 10 or \$10,000				11	10,000.
12	Multiply line 11 by 20% (0.20)				12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or					
	qualifying surviving spouse	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	14		43,707.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15		46,293.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or			10/2001		
	qualifying surviving spouse	16		10,000.		
17	If line 15 is:					
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18)		
Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)						1.000
18 Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .						2,000.
19						
	instructions) here and on Schedule 3 (Form 1040), line 3			• • •	19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	A A		REV 02/24/2	23 PRO	Form 8863 (2022)

Name(s) shown on return

VENKATA NAGA SAI SUH YAKKALI

CAUT	Credit or lifetime learning credit. Use addition	m you're claiming either the American opportunity ional copies of page 2 as needed for each student.					
Part	III Student and Educational Institution Informatio	on. See instructions.					
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of					
	VENKATA NAGA SAI SUH	your tax return)					
	YAKKALI	323-27-8514					
	Educational institution information (see instructions)	b. Name of second educational institution (if any)					
	Regents of the Univ of Colo						
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. PO Box 173364, CB 131 Denver CO 80217 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.					
(2	2) Did the student receive Form 1098-T from this institution for 2022?	(2) Did the student receive Form 1098-T from this institution for 2022?					
(;	3) Did the student receive Form 1098-T from this institution for 2021 with box Yes No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2021 with box Yes No 7 checked?					
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	if you're claiming the American opportunity credit or if you					
	84-6000555						
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\Box \text{ Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \boxed{\textbf{X}} \text{ No} - \text{Go to line 24.}$					
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	\times Yes - Go to line 25.No - Stop! Go to line 31 for this student.					
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	imes Yes - Stop! Go to line 31 for this student. \Box No - Go to line 26.					
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?	$\square \begin{array}{c} \text{Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \end{array} \begin{array}{c} \square \end{array} \begin{array}{c} \text{No} - \text{Complete lines 27} \\ \text{through 30 for this student.} \end{array}$					
CAUT	you complete lines 27 through 30 for this student, don't a	lifetime learning credit for the same student in the same year. If complete line 31.					
	American Opportunity Credit						
27	Adjusted qualified education expenses (see instructions). Do						
28 29	Subtract \$2,000 from line 27. If zero or less, enter -0 Multiply line 28 by 25% (0.25)	28 29					
29 30	If line 28 is zero, enter the amount from line 27. Otherwise,						
	enter the result. Skip line 31. Include the total of all amounts t						
	Lifetime Learning Credit						
31	Adjusted qualified education expenses (see instructions). Inc III, line 31, on Part II, line 10						



KEEP THIS PAGE FOR YOUR RECORDS

Colorado Estimated Tax – Individuals Worksheet

Do not send, keep for your records

1. Estimated 2023 Colorado taxable income									\$ 30757	00	
2. Estimated 2023 Colorado income tax — 4.4% of line 1								\$ 1353	00		
3. Estimat	ed 2	2023 Colorado altern	ativ	e minimun	n tax					\$	00
4. Estimat	ed 2	2023 recapture of pri	or y	ear credits	6					\$	00
5. Total of	line	es 2, 3 and 4								\$ 1353	00
6. All credits other than withholding and estimated payments \$									\$	00	
7. Subtrac	7. Subtract line 6 from line 5									\$ 1353	00
8. Estimat	8. Estimated 2023 Colorado wage or nonresident real estate withholding tax								\$	00	
9. Net est	imat	ted tax, subtract line	8 fr	om line 7						\$ 1353	00
Payment Number		Net Amount Due		Overpa	2022 yment Applie	d		Payment Due		Due Dates	
1	\$	339	00	\$	0	00	\$	339	00	April 15	
2	\$	339	00	\$	0	00	\$	339	00	June 15	
3	\$	339	00		0			339	00	September 15	
4	\$	339	00	\$	0	00	\$	339	00	January 15, 2024	

Round your payment to the nearest dollar. If paying by check, the amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account. It is strongly recommended that estimated payments be remitted online at <u>Colorado.gov/RevenueOnline</u> or by EFT at <u>Tax.Colorado.gov/electronic-funds-transfer</u> to avoid problems or delays with the 2023 income tax return. **Due Dates:** If the due date falls on a weekend or federal holiday, payment will be due the next business day.





2023 Colorado Estimated Income Tax Payment Form

Only return this payment form with a check or money order.

DO NOT CUT – Return Full Page

(0012)

DR 0104EP			
Return the DR 0104EP with check or money order payable to the "Colorado Department of I Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIF Colorado Department of Revenue, so a street address is not required. Write your Social Sec "2023 DR 0104EP" on your check or money order. Do not send cash. Enclose, but do not st with this form. File only if you are making a payment of estimated tax and are unable to pay	cod curity aple	es are exclus number or IT or attach, you	sive to the TIN and
SSN or ITIN			
323-27-8514			
Your Last Name			
YAKKALI			
Your First Name			Middle Initial
VENKATA NAGA SAI SUH			
Spouse SSN or ITIN			
Spouse Last Name			
Spouse First Name			Middle Initial
Address			
3895 S DALLAS ST			
City			
AURORA			
State	ZIP		
СО	800	014	
		Amount of P	ayment
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.	\$		339.00





2023 Colorado Estimated Income Tax Payment Form

Only return this payment form with a check or money order.

DO NOT CUT – Return Full Page

(0012)

DR 0104EP			
Return the DR 0104EP with check or money order payable to the "Colorado Department of I Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIF Colorado Department of Revenue, so a street address is not required. Write your Social Sec "2023 DR 0104EP" on your check or money order. Do not send cash. Enclose, but do not st with this form. File only if you are making a payment of estimated tax and are unable to pay	cod curity aple	es are exclus number or IT or attach, you	sive to the TIN and
SSN or ITIN			
323-27-8514			
Your Last Name			
YAKKALI			
Your First Name			Middle Initial
VENKATA NAGA SAI SUH			
Spouse SSN or ITIN			
Spouse Last Name			
Spouse First Name			Middle Initial
Address			
3895 S DALLAS ST			
City			
AURORA			
State	ZIP		
СО	800	014	
		Amount of P	ayment
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.	\$		339.00





2023 Colorado Estimated Income Tax Payment Form

Only return this payment form with a check or money order.

DO NOT CUT – Return Full Page

(0012)

DR 0104EP			
Return the DR 0104EP with check or money order payable to the "Colorado Department of I Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and ZIF Colorado Department of Revenue, so a street address is not required. Write your Social Sec "2023 DR 0104EP" on your check or money order. Do not send cash. Enclose, but do not st with this form. File only if you are making a payment of estimated tax and are unable to pay	cod curity aple	es are exclus number or IT or attach, you	sive to the TIN and
SSN or ITIN			
323-27-8514			
Your Last Name			
YAKKALI			
Your First Name			Middle Initial
VENKATA NAGA SAI SUH			
Spouse SSN or ITIN			
Spouse Last Name			
Spouse First Name			Middle Initial
Address			
3895 S DALLAS ST			
City			
AURORA			
State	ZIP		
СО	800	014	
		Amount of P	ayment
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.	\$		339.00





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SSN or ITIN			
323-27-8514			
Your Last Name			
YAKKALI			
Your First Name			Middle Initial
VENKATA NAGA SAI SUH			
Spouse SSN or ITIN			
Spouse Last Name			
Spouse First Name			Middle Initial
Address			
3895 S DALLAS ST			
City			
AURORA			
State	ZIP		
СО	800	014	
		Amount of P	ayment
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.	\$		339.00



DR 8454 (01/26/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado			For Tax Year (MM/DD/YY)			or Fiscal Year beginning (MM/DD/YY)								
Department of Revenue. Retain with your record		ls.	12/31/22											
Тах Тур	be													
Individual Income Corporate Income (DR 0104) (DR 0112)				;		nershi 0106)		orp Inc	ome	• [ciary 0105	Incom)	e
Тахрау	er Last Name or Business Nam	e	First	Nan	ne or Busine	ess DB	A if diffe	erent fron	n Bus	siness N	ame		Middl	e Initial
YAKK	ALI		VEN	IKA	TA NAGA	SAI	SUH							
Spous	e's Last Name (if applicable)		First	Nan	ne								Middl	e Initial
Тахрау	er SSN or ITIN		Spous	se S	SN or ITIN	(if appli	cable)				FEIN			
323-	27-8514													
Тахрау	ver or Business Address					City					State	ZIP		
3895	S DALLAS ST					AUR	ORA				СО	80	014	
			Part I — T	Гах	Return Ir	nform	ation					I		
1 . Tota	al Income from your feder	al return (s	ee instructio	ons	for more	inforn	nation)	1	\$			43	3707
2 . Tax	able Income (or allowable more information)								2	\$			30)757
3 Col	orado Tax from your Colo	rado return	ı (see instru	ctic	ons for mo	nre inf	ormati	on)	3	\$			1	1353
4. Col	orado Tax Withheld or Pa													
or n	nore information)		Part II — D)ecl	aration o	f Tax	Pave	r	4	\$				
Federal/C	enalties of perjury, I declare that the Colorado income tax returns, and tha and that I (or my Electronic Return s, and attachments upon request by	e information I hat said tax return Originator (ERC	ave provided for ns, statements, so)) if applicable) n	r elec ched may l	ctronic filing a ules and attac be required to	ind the a chments o provide	amounts are true, e paper c	shown in correct, a copies of th	nd co his de	mplete to claration,	the best of i my returns	ny know withhol	ledge ar ding stat	nd belief.
Signatu						uunng				e (MM/DD/\				
Spouse	's Signature (If Joint Return, Bo	oth Must Sign)							Date	e (MM/DD/	Y)			
		Part III –	– Declarati	on	of ERO/P	repa	rer/Tra	ansmitt	ter					
	If the transmitter did not	prepare the	e tax return,	che	eck here									
the prepa taxpayer correct, a have prov of limitation	the preparer, I declare only that the rer, under penalties of perjury I declar and the amounts shown in Part I abc und complete to the best of my know vided the taxpayer with copies of all ons, and to provide paper copies of at any time during this period.	are that I have re ove agree with the vledge and belie forms and infor	eviewed the above he amounts show of. As preparer, I rmation filed. I also	ve ta vn or furth so ag	xpayer's Fede n said tax retur er declare tha gree to mainta	eral/Colo rns, and at I have ain this s	orado inco that said obtained signed Fo	ome tax re tax return d the taxpa orm (DR 8	eturns is, sta ayer's 454) 1	and that t tements, s signature for the per	he informat schedules, a on this forr iod covered	on prov and attac n at the I by the	ided to m chments time of f Colorade	ne by the are true, ïling and o statute
ERO's	Signature						Prepar	er Identifi	catio	n Numbe	er, Your S	SN, or I	TIN	
SYAM	PRIYA RAM SAGAR G	JPTA TALI	LAM				P020	82703						
							Date (N	1M/DD/YY)						
Check if also Preparer X				02/27/23										





2022 Individual Income Tax Payment Form (Calendar year—Due April 18, 2023)

Caution!

This form **MUST** accompany your payment if you filed electronically and wish to pay by check. If you paid electronically or do not owe a payment do not file this form.

The Department strongly recommends that you file using Revenue Online (*Colorado.gov/RevenueOnline*) or another electronic filing method and remit your payment electronically or by EFT. Information on EFT can be found at *Tax.Colorado.gov/electronic-funds-transfer*

To pay by mail, make the check or money order payable to the "Colorado Department of Revenue." Be sure to round your payment to the nearest dollar. Clearly write your Social Security number or ITIN and "2022 DR 0104" on the memo line. Be sure to keep a copy of the money order or note the check number with your tax records.

Complete the form below. The amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account.

DO NOT submit the DR 0104 if you have already filed electronically.

DO NOT CUT – Return Full Page.

Return the DR 0900 with check or money order payable to the "Colorado Department of Revenue". Mail payments to Colorado Department of Revenue, Denver, Colorado 80261-0008. These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required. Write your Social Security number or ITIN and "2022 DR 0104" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form.						
SSN or ITIN						
323-27-8514						
Your Last Name	First Name					Middle Initial
YAKKALI	VENKATA	NAGA SAI	SUH			
Spouse's SSN or ITIN						
Spouse's Last Name (if joint)	Spouse's Firs	t Name				Middle Initial
Address						
3895 S DALLAS ST						
City				State	ZIP Code	e
AURORA CO 80014						
Amount of Payment						
the same day received by the State. If converted, your check will not be returned. If your check	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.					





DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 1 of 4 (0013)

2022 Colorado Individual Income Tax Return

	r or Nonresident (or reside dent combination) *Mus		0104PN		if Abroa	ad on due da [.] ons	te –
Your Last Name		Your First Nam					Middle Initial
YAKKALI		VENKATA	NAGA SA	I SUH			
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased					
03/12/2000	323-27-8514					refund, you n ertificate with	
Enter the following information driver license or state identific		State of Issue	Last 4		0 number	Date of Issuand	<u>ж</u>
If Joint, Spouse's Last Name		Spouse's First	Name			1	Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased				refund, you n ertificate with y	
Enter the following information	n from vour spouse's	State of Issue	Last 4	characters of I	0 number	Date of Issuand	е
current driver license or state	identification card.						
Mailing Address					Pho	ne Number	
3895 S DALLAS ST							
City		State	ZIP Code		Foreign (Country (if applic	able)
AURORA		CO	80014				
To see if you or members	s of your household qua	lify for free or	reduced-	-cost health o	coverage	e, check this	box if:
	esident and at least one						
	the Colorado Department e Colorado Health Benefit						
	Round To The Nearest Dollar						arest Dollar
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.• 1					30757 00		
Include W-2s and 1099s with (<u>v</u>						
	Additions to						
2. State Addback, enter the s 1040 SR, or 1040 SP sche			rederal to	rm 1040, ● 2			0 0
				• 2			
3. Qualified Business Income Deduction Addback (see instructions) • 3						0 0	



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	30757 N Schedule 1353

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 3 of 4

220104 33	1555	Page 3	of 4						
Name					SSN or I	TIN			
VENKATA NAGA SAI	VENKATA NAGA SAI SUH YAKKALI 323-27-8514								
24. Other Prepayments: □ • DR 0104BEP □ • DR 0108 □ • DR 1079 • 24									
	25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 25 0								
26. Innovative Motor Ve	26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. 20 0 0 0 0 0 0 0 0 0 0 0 0								
	27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR								
28. Subtotal, sum of line	es 20 through 27			28		0	00		
			d AGI for TABO				10 0		
Lines 30 through 3					t your Colorado	tax liability.			
29. Federal Adjusted G 1040 SR line 11, or		n your federal ir	come tax form: 1	040 line 11, • 29		43707	0.0		
30. Nontaxable Social S	Security Income			• 30			0 0		
31. Nontaxable interest	income from sta	te and local bo	nds	• 31			0 0		
32. Sum of lines 29 thro				32		43707	0 0		
			s for State Sales	1	*************	*************			
If line 32 is:	\$48,000 or less	\$48,001 – \$95,000	\$95,001 – \$151,000	\$151,001 – \$209,000	\$209,001 – \$268,000	\$268,001 or more			
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486			
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	\$972			
33. State Sales Tax Ref full-year Colorado re to file a return. Use instructions if you an	esidents who are the amount on lir	under the age ne 32 and refer	of eighteen but a	re required		153	0.0		
34. Sum of lines 28 and	33			34		153	0 0		
35. Overpayment, if line	e 34 is greater tha	an line 19 then	subtract line 19 fr	om line 34 35			0 0		
36. Estimated Tax Cred	it Carryforward t	o 2023 first qua	arter, if any.	• 36			0 0		
If you have an overpay Colorado charity, incluc				Il or a portion of	your overpayme	ent to a quali	fied		
37. Refund, subtract line	e 36 from line 35	(see instructio	ns)	• 37			0 0		
Direct Routing Num Deposit Account Num									
For questions rega		t direct deposit o	r to open an accour	nt, visit <i>CollegeInv</i> e	est.org or call 800	-448-2424.			

220104 41555

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

Name				SSN or I	TIN	
VENKATA NAGA SAI SUH YAKKALI				323-2	27-8514	
38. Net Tax Due, subtract line 34 from line 19		38			1200	00
39. Delinquent Payment Penalty (see instructions) • 39						0 0
40. Delinquent Payment Interest (see instructions)		• 40				0 0
 Estimated Tax Penalty, you must submit the D (see instructions) 	R 0204 with your return.	• 41				0 0
42. Amount You Owe, sum of lines 38 through 41		• 42			1200	.00
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. C	comple	te the fo	ollowing:		
Designee's Name			Phone N	lumber		
•			•			
Sign Below Under penalties of perjury, I declare that to the	best of my knowledge and belief, this retu	urn is tru	ie, correct	and comp	olete.	
Your Signature				Date (MN	M/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.				Date (MN	M/DD/YY)	
Paid Preparer's Name			Paid Prep	parer's Pho	one	
GLOBAL TAXES LLC			(678)	965-95	522	
Paid Preparer's Address	City		State	ZIP Cod	e	
245 ROONEY CT	E BRUNSWICK		NJ	08816	5	

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:	If you are filing this return without a check or payment, please mail the return to:			
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 6	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.				