

228454 11555

DR 8454 (01/26/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax Colorado goy

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State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado				For Tax Year (MM/DD/YY)			or Fiscal Year beginning (MM/DD/YY))	
Departm	nent of Revenue. Re	tain with your	records.	12/31/	22								
Tax Type													
X (Individual Income (DR 0104)	Corporate (DR 0112)			nershi 0106)	p/S-Corp Ir	ncome)		Fiduc (DR 0		ncome	e
Taxpayer I	Last Name or Business Na	ame	First Na	me or Busine	ess DB	A if different for	rom Bu	siness N	ame			Middle	Initial
CHATLA	A		HASM	ITHA									
Spouse's Last Name (if applicable)				First Name							Middle	e Initial	
Taxpayer S	SSN or ITIN		Spouse	SSN or ITIN	(if appli	cable)			FEI	IN			
020-21	1-7826												
Taxpayer	or Business Address				City					State	ZIP		
3200 W	W COLFAX AVE APT	405			DEN	VER				CO	80	204	
		Pa	rt I — Tax	Return Ir	nform	ation							
1 . Total I	Income from your fede	eral return (see ir	nstruction	s for more	inforn	nation)	1	\$				44	772
	ole Income (or allowab ore information)	ole deduction) fro	m your fe	deral retur	n (see	instruction	ns 2	\$				29	322
	ado Tax from your Co						3	\$				1	291
	ado Tax Withheld or P re information)	'ayments, from yo	our Colora	ado return	(see i	nstructions		\$				1	936
				laration o									
Federal/Colo I understand	Ities of perjury, I declare that the orado income tax returns, and the that I (or my Electronic Return and attachments upon request	that said tax returns, stat rn Originator (ERO) if ap	tements, sche oplicable) may	dules and attac be required to	chments provide	are true, correct paper copies of	t, and co of this de	mplete to eclaration,	the be my re	est of my eturns, v	y knowl vithholo	edge and ding state	d belief.
Signature		zy and colorade Bepart		iao ar any ami	- aaiiiig i	are period cover		(MM/DD/					
Spouse's S	Signature (If Joint Return, I	Both Must Sign)					Date	e (MM/DD/\	(Y)				
		Part III — De	eclaration	of ERO/F	repai	rer/Transm	itter						
lf :	the transmitter did no	t prepare the tax	return, ch	neck here									
the preparer, taxpayer and correct, and have provide of limitations	ne preparer, I declare only that r, under penalties of perjury I de d the amounts shown in Part I a complete to the best of my knied the taxpayer with copies of s, and to provide paper copies any time during this period.	eclare that I have reviewed above agree with the amo cowledge and belief. As p all forms and information	ed the above to ounts shown opreparer, I furton filed. I also	axpayer's Feden on said tax retur ther declare that agree to mainta	eral/Colo rns, and at I have ain this s	orado income tax that said tax ret obtained the ta signed Form (DF	k returns urns, sta xpayer's R 8454)	and that to tements, so signature for the per	he inf sched on th riod c	formation lules, an nis form overed l	n provion d attacl at the toy the (ded to me hments a ime of fil Colorado	e by the are true, ing and statute
ERO's Sig	gnature					Preparer Ider	ntificatio	n Numbe	er, Yo	our SSI	۱, or آا	ΓIN 📄	
VENKAT	TA SAI PAVAN KUM	AR DUDIPALLI				P0247083	33						
						Date (MM/DD/Y	Υ)						
Check if also Preparer x						03/07/23	3						





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

2022 Colorado Individual Income Tax Return

	r or Nonresident (or resident (or resident combination) *Mi			0104P	N [if Abro	ad on due o	ate –	
Your Last Name		irst Nam						Middi	le Initial	
CHATLA	HAS	HASMITHA								
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Decea	sed							
12/08/1993			the	e DR (0102 and	death c	refund, you ertificate wit	h your r		
Enter the following information from your current driver license or state identification card.			State of Issue Last 4 characters of ID			O numbe	number Date of Issuance			
				2	2943			12/07/21		
If Joint, Spouse's Last Name		Spous	e's First	Name					Middl	le Initial
	_									
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Decea	sed	¬						
				the	e DR (0102 and	death c	refund, you ertificate wit	h your r	
Enter the following information	n from vour snouse's	State	of Issue	La	st 4 cha	aracters of II	O numbe	Date of Issua	ance	
current driver license or state										
Mailing Address						Pho	one Number			
3200 W COLFAX AVE APT						(7	20)878-9	048		
City			State	ZIP Co	ode		Foreign	Country (if app	plicable)	
DENVER			CO	802	04					
To see if you or members	s of your household qu	ualify for	free or	reduc	ed-co	st health o	coveraç	je, check th	is box if	f:
You are a Colorado re AND	sident and at least or	ne persoi	n in you	ır hous	sehold	l does not	have h	ealth cover	age	
You give permission for for Health Colorado (the	the Colorado Departme Colorado Health Bene									
							F	ound To The	Nearest	Dollar
1. Enter Federal Taxable Inco	income	tax forr	n:					2932	22	
1040, 1040 SR, or 1040 SI					• 1				00	
Include W-2s and 1099s with 0	Additions	to Endo	ral Tay	abla Ir						
2. State Addback, enter the s										
1040 SR, or 1040 SP sche			•	icucia	1 101111	• 2				0 0
10.10 0.10, 01.10 10 01. 00110	22.371, 11.13 04 (000 111		.5,							
3 Qualified Rusiness Income	Deduction Addhack	see insti	ructions	s)		• 3				0.0



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220104 Page 2 of 4 Name SSN or ITIN HASMITHA CHATLA 020-21-7826 00 4. Itemized Deduction addback (see instructions) • 4 5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions) • 5 00 00 **6.** Other Additions, explain (see instructions) • 6 Explain: 29322 00 7. Subtotal, sum of lines 1 through 6 7 **Colorado Subtractions** 8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return. • 8 00 29322 00 9. Colorado Taxable Income, subtract line 8 from line 7 • 9 Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule 10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. • 10 00 11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. 00 • 11 12. Recapture of prior year credits 00 12 1291 **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, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return. 00 15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must 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 cannot exceed line 13, you must submit the DR 1330 with your return. 00 16 1291 17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13. 17 00 18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. 00 18 1291 19. Net Colorado Tax, sum of lines 17 and 18 00 19 20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1936 1099s claiming Colorado withholding with your return. 20 00 21. Prior-year Estimated Tax Carryforward 00 21 22. Estimated Tax Payments, enter the sum of the guarterly payments remitted for this tax year 00 22 23. Extension Payment remitted with the DR 0158-I 23 00



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Name					SSN	N or ITIN			
HASMITHA CHATLA	02	20-21-7826							
24. Other Prepayments:									
24. Other Prepayments:	• DR 1079 • 24			0 0					
25. Gross Conservation the DR 1305G with	ou must submit	- I		0.0					
26. Innovative Motor Ve		tive Truck Credit	t from form DR 0				00		
submit each DR 06				• 26		0	0 0		
27. Refundable Credits									
with your return.			00						
28. Subtotal, sum of line	es 20 through 27			28		1936	0 0		
		Modified	d AGI for TABOR	R					
Lines 30 through 3					t your Color	ado tax liability.			
29. Federal Adjusted Gi 1040 SR line 11, or		n your federal ind	come tax torm: 1			42272	0 0		
1040 SK IIIIE 11, 01	1040 SP IIIIe 11			• 29	<u> </u>		0.0		
30. Nontaxable Social S	Security Income			• 30			0 0		
	<u> </u>				<u> </u>		+		
31. Nontaxable interest	income from sta	ite and local bon	ds	• 31	<u> </u>		0 0		
			_	22		42272			
32. Sum of lines 29 thro			₹ for State Sales	Tax Pofund			0 0		
	\$48,000	\$48,001 –	\$95,001 –	\$151,001 –	\$209,001	- \$268,001	_		
If line 32 is:	or less	\$95,000	\$151,000	\$209,000	\$268,000				
Single Filers Enter	\$153	\$208	\$234	\$285	\$300 \$48				
Joint Filers Enter	Joint Filers Enter \$306 \$416 \$468 \$570					\$972			
33. State Sales Tax Ref									
full-year Colorado re		•	•						
to file a return. Use			nce the table abo	ove. See • 33			0 0		
instructions if you a	e lilling an extens	SIOH.		• 33			00		
34. Sum of lines 28 and	34		1936	00					
						645			
35. Overpayment, if line			00						
36. Estimated Tax Credit Carryforward to 2023 first quarter, if any. • 36 0 0									
 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, includ				11 O. a polici. 11)	, ca. c.c. p	y 11101111 10 12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
						645			
37. Refund, subtract line	e 36 from line 35	(see instruction	s)	• 37			0 0		
Direct Routing Nur	mber 0 8 1 9	9 0 4 8 0 8	8 Type: X	Checking	Savings	CollegeInvest 5	ະວດ		
Direct	Tibei U O T T I -	1 0 4 0 0 0	8 Type: X	Checking	Saviriys	Collegenives	028		
Deposit Account Nur	mber 2 9 1 (0 2 9 1 0 5	5 8 9 2						
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.									



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Name			SSN or ITIN						
HASMITHA CHATLA			020-21-7826						
			1						
38. Net Tax Due, subtract line 34 from line 19		38		0 0					
39. Delinquent Payment Penalty (see instructions	• 39		0 0						
40. Delinquent Payment Interest (see instructions	• 40	0							
41. Estimated Tax Penalty, you must submit the I	<u> </u>								
(see instructions)		• 41		0 0					
42. Amount You Owe, sum of lines 38 through 41	,	• 42							
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. Co	mplete the	following:						
Designee's Name		Phone	Number						
•									
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct 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	eparer's Phone						
GLOBAL TAXES LLC		(678)965-9522						
Paid Preparer's Address	City	State	ZIP Code						
245 ROONEY CT	E BRUNSWICK	NJ	08816						

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

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

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005

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