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.

Submission Identification Number (SID)

Taxpay	er's name		Social security	numbei	r
SHR	EEJAY PARMAR		006-79-	8332	
Spouse	s's name		Spouse's socia	l securi	ty number
Par	Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you are	e auth	orizing.)
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	60,725.
2	Total tax		[2	6,128.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		[3	8,416.
4	Amount you want refunded to you		[4	2,288.
5	Amount you owe			5	<u>.</u>

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

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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
				ERO firm name		5

9	8	3	3	2							
Enter five digits, but don't enter all zeros											

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 my PIN

as mv Enter five digits, but don't enter all zeros

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 Me	hod Returns Only—continue below
Part III Certification and Authentication – Prac	titioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9

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 >		Date 🕨							
	ERO Must Retain This Fe ubmit This Form to the I								
For Paparwork Poduction Act Notico, soo	your tax raturn instructions		PEV 02/17/23 PPO	Form 8879 (Bev. 01-2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or staple	in this space.
-	5 X S	Single Married filing jointly] Married fi	ling separately (N	IFS)	Head of	nousel	hold (HOH	ł) [lifying sur Jse (QSS)	
Check only one box.		u checked the MFS box, enter the name		spouse. If you ch	neck	ed the HOH or	QSS	box, ente	r the	•	,	
Your first name	and mi	ddle initial	Last name						,	Your so	cial securi	ity number
SHREEJAY			PARMAR							006-'	79-833	2
lf joint return, s	pouse's	first name and middle initial	Last name						:	Spouse'	s social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.					pt. no.				ion Campaign
4811 NIA					01			37			nere if you, if filina ioir	, or your ntly, want \$3
City, town, or p DENVER	ost offic	ce. If you have a foreign address, also co	mplete space	es below.	Sta CC		ZIP co 802			to go to		Checking a
Foreign country	name		Fore	ign province/state/c	ount	ÿ	Foreig	n postal co			or refund	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a re	ward, award, or r	bayr	nent for prope	rty or	services):	or (b) sell,	You	Spouse
Assets		ange, gift, or otherwise dispose of a									Yes	X No
Standard Deduction	_	eone can claim: Vou as a de Spouse itemizes on a separate retur	•	Your spouse re a dual-status a								
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	re blind Spo	use	: 🗌 Was bor	n befo	ore Janua	ry 2,	1958	🗌 ls b	lind
Dependents	•	,		(2) Social security number		(3) Relationsh to you	ip (4					e instructions):
If more than four	(1) Fi	irst name Last name		number				Child ta	x cre	dit	Credit for ot	ther dependents
dependents,								L				
see instructions	s ——							L				
and check here								L	-			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see in:	structions)						1a		<u> </u>
	b	Household employee wages not re	•	.,						1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	_		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e	_	
was withheld.	f	Employer-provided adoption bene	fits from Fo	rm 8839, line 29	•					1f	_	
If you did not	g	Wages from Form 8919, line 6 .			•					1g	_	
get a Form W-2, see	h	Other earned income (see instruct	,		•	· · · ·	· ·			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instructi	ions)	•	1 i				_		
	Z	Add lines 1a through 1h	· · · ·		•		• •	• •		1z		69,770.
Attach Sch. B	2a	· ·	2a			axable interest		• •		2b		
if required.	<u>3a</u>		3a 4a			ordinary divider axable amount		• •		3b		
O tomal and	4a 5a		4a 5a					• •	• •	4b	-	
Standard Deduction for—	5a		5a			axable amount		• •	• •	5b	-	
Single or	6a	Social security benefits				axable amouni		• •	· ·	6b		
Married filing separately,	с 7	Capital gain or (loss). Attach Sche				,	• •	• •	· _	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin					• •	• •	• ∟	8		_6 5/5
 Married filing jointly or 	o 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •	• •	• •	9		<u>-6,545.</u> 63,225.
Qualifying surviving spouse,	3 10	Adjustments to income from Sche		-			• •	• •	• •	10		2,500.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is					• •		• •	11	-	<u>2,300.</u> 60,725.
household,	12	Standard deduction or itemized								12		12,950.
\$19,400 • If you checked	13	Qualified business income deduct				5-A .				13		<u>,-,.</u>
any box under Standard	14	Add lines 12 and 13								14	-	12,950.
Deduction,	15	Subtract line 14 from line 11. If zer				axable incom	е.			15		<u>47,775.</u>
see instructions.				,							-	

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

Form **1040** (2022)

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	б,	128.
Credits	17	Amount from Schedule 2, lir	ne3						17		
	18	Add lines 16 and 17							18	б,	128.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18							22	б,	128.
	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	б,	128.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	8	,416.			
	b	Form(s) 1099				25b					
	с	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	8,	416.
Minan have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return .				26		
If you have a l qualifying child,	27	Earned income credit (EIC)			No	27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31				undable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments	- 				33	8,	416.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	2,	288.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here			35a	2,	288.
Direct deposit?	b	Routing number 0 4 4] Checkir		avings			
See instructions.	d	Account number 7 1 9						-			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	-				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See					
Designee	ins	tructions				🗆	Yes. Co	mplete b	elow.	X No	
		signee's		Phone				nal identifi er (PIN)	ication		
	nai			no.				. ,			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occupation			1	· ·	nt you an Iden	0
	10	al oignataro		Duto						N, enter it her	
Joint return?					SOFTWARE 1	DEVEL	OPER	(see i	nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse	
your records.								(see i		ection PIN, ent	er it nere
	Dh	(720)0000040	0	Email address		01@CM	7 TT CON	,	,		
		one no. (720)999-849 eparer's name	U Preparer's signat		SHREEJAY34	Date	AIL.CUI	PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM					5/2023	P02082	2070	Self-emp	oloved
Preparer		n's name GLOBAL TA		TAUAN JAGAR	GOFIA IAUDAM	02/2:	. 2023			678)965-	-
Use Only			Y CT E BRU	NGWICK N	J 08816			Firm'			
		a1040 for instructions and the late		TIONICI IN	D 08810	DELLAS	7/00 85 0	cm03		84-317	

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

BAA REV 02/17/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service							
Name(s) shown on Fo	Your social security number						
SHREEJAY PARMAR 006-79-							
Dout I Additte							

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-6,545.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	R, or 1040-NR, line 8	10	-6,545.

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

Schedule 1 (Form 1040) 2022

11 Educator expenses 11 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 13 13 Health savings account deduction. Attach Form 8889 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 14 15 Deductible part of self-employment tax. Attach Schedule SE 15 16 Self-employed Bath insurance deduction 17 17 Self-employed enalth insurance deduction 17 18 Penalty on early withdrawal of savings 18 19a Alimony paid 19a 19a Rescipient's SSN 20 21 Student loan interest deduction 21 2,500 22 Reserved for future use 22 23 23 Archer MSA deduction 22 24a 24 Other adjustments: 24 24a 24 Deductible expenses related to income reported on line 81 form the rental of personal property engaged in for profit 24d 24d 24 Contributions to section 501(c)(18)(D) pension plans 24d 24d 24 Contributions to pertain chaplains	Par	t II Adjustments to Income			
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a Jury duty pay (see instructions) 24a b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c d Reforestation amortization and expenses 24d e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e f Contributions to section 501(c)(18)(D) pension plans 24g g Contributions by certain chaplains to section 403(b) plans 24g h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24i j Housing deduction from Form 2555 24i j Housing deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k z Other adjustments. List type and amount: 24z				. 23	
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 e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974	d		4d		
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 h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations j Housing deduction from Form 2555. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). z Other adjustments. List type and amount: 	f	Contributions to section 501(c)(18)(D) pension plans	4f		
 discrimination claims (see instructions)	g	Contributions by certain chaplains to section 403(b) plans 24	4g		
 i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) c Other adjustments. List type and amount: 	h	Attorney fees and court costs for actions involving certain unlawful			
from the IRS for information you provided that helped the IRS detect tax law violations		discrimination claims (see instructions)	4h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	Attorney fees and court costs you paid in connection with an award			
tax law violations 24i j Housing deduction from Form 2555 k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) z Other adjustments. List type and amount:		from the IRS for information you provided that helped the IRS detect			
 j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) 24k z Other adjustments. List type and amount: 24z	i				
1041) 24k z Other adjustments. List type and amount: 24z	k		1		
Z Other adjustments. List type and amount: 24z			4k		
24z	z				
	_	24	4z		
	25			. 25	
26 Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on					
	_•				2,500.
BAA REV 02/17/23 PRO Schedule 1 (Form 1040) 202				i	

(Form	1040)	(Fror	n re	ental real estate, rog	yalties, partnersh	nips, S	corpor	ations,	esta	ates,	trusts, REMI	Cs, etc.)	20)? ?
	ent of the Treasury Revenue Service			Attac Go to <i>www.irs.go</i>	ch to Form 1040, ov/ScheduleE for		,				formation.		Attachn Sequen	nent ce No. 13
	shown on return	2											ial security 79-8332	
Part			155	From Rental R	eal Estate an	d Ro	valties					000	19 0332	
	Note: If yo	u are i	n th	e business of renting s from Form 4835 or	personal proper				see ii	nstruc	tions. If you	are an ind	lividual, rep	ort farm
	•			nts in 2022 that wo			• •				tructions.			
			-	•	()				· ·	•	<u></u>			
1a 	-			ch property (stree	-			1 200	01	1				
 B	NAKSHATKA	NAD.		AI MANUALPUK	, VADODARA G	JUUAI	VAI II	1 390	101.	1				
C														
1b	Type of Proper (from list belov		2	For each rental re above, report the							ir Rental Days	Personal Use QJV Days		QJV
Α	3	.,		personal use day				Α			365		0	
B				if you meet the re				B			505		0	
С				qualified joint ven	iture. See instru	ctions	6.	C						
Туре	of Property:											1		
1	Single Family Re	esider	nce	3 Vacation/S	Short-Term Rent	tal	5 Lar	nd		7	Self-Rental			
2	Multi-Family Re	siden	ce	4 Commerci	al		6 Ro	yalties		8	Other (desc	ribe)		
											Propert			
Incom	e:							Α			B			С
3						3			45	0.				•
4						4								
Exper	ises:													
5	Advertising .					5								
6				tructions)		6								
7				nce		7			77	5.				
8						8								
9						9								
10	-			ional fees		10			10	_				
11 12	0					11 12			42	0.				
12				to banks, etc. (see		12								
14						14		2	,20	0.				
15						15			, <u>10</u>					
16						16								
17	Utilities					17		2,	,50	0.				
18	Depreciation e	xpens	e o	r depletion		18								
19	Other (list)					19								
20				es 5 through 19		20		6,	,99	5.				
21				ne 3 (rents) and/or										
				structions to find c		21		-6,	54	5				
22	Deductible ren	tal rea	al e	state loss after lin	nitation, if any,				, . 1					
				ructions)		22	(б,	545	5.)()()
23a			-	orted on line 3 for						23a		450.		
b			-	orted on line 4 for						23b				
c				orted on line 12 fo			• •			23c				
d				orted on line 18 fo						23d			_	
е 24			-	orted on line 20 fo						23e		5,995. . 24		
24 25		-		amounts shown or ses from line 21 and			-				 tal losses he		(6,545.)
25 26				e and royalty inco									(0,545.)
				and line 40 on p										

Supplemental Income and Loss

SCHEDULE E

- 4040

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

Schedule E (Form 1040) 2022

26

-6,545.

OMB No. 1545-0074



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		ado	For Tax Year (MM/DD/YY)				or Fiscal Year beginning (MM/DD/YY)							
Depar	tment of Revenue. Retain	with your re	cords.	12/31/	22									
Тах Ту	ре													
	Individual Income (DR 0104)	Corporate In (DR 0112)	come		nersh 0106		Corp Inco	ome	• [ary Ir 105)	ncom	e
Тахрау	ver Last Name or Business Name		First Na	me or Busine	ess DB	BA if diff	erent from	Bus	siness N	ame			Middle	e Initial
PARN	IAR		SHREE	EJAY										
Spous	e's Last Name (if applicable)		First Na	me									Middle	e Initial
Тахрау	er SSN or ITIN		Spouse \$	SSN or ITIN (if appl	icable)				FEIN				
006-	-79-8332													
Тахра	yer or Business Address				City					Sta	ate	ZIP		
4811	NIAGARA ST APT 237				DEN	IVER				C	С	802	237	
		Part	I — Tax	Return Ir	nform	nation								
1 . Tot	al Income from your federal	return (see ins	tructions	s for more	inforr	nation	1)	1	\$				63	3225
 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 						775								
3. Colorado Tax from your Colorado return (see instructions for more information) 3						2101								
 4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 						2	2962							
Part II — Declaration of Tax Payer														
Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.														
Signat	ure						ſ	Date	e (MM/DD/Y	Y)				
Spous	e's Signature (If Joint Return, Both	Must Sign)					[Date	(MM/DD/Y	Y)				
Part III — Declaration of ERO/Preparer/Transmitter														
If the transmitter did not prepare the tax return, check here														
If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.														
ERO's	Signature					Prepar	rer Identific	catio	n Numbe	er, Your	SSN	l, or IT	IN	
SYAN	M PRIYA RAM SAGAR GUP	TA TALLAM				P020	082703							
	Check if also Preparer	X					MM/DD/YY)							
			UZ/2	25/23										





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	ite –	
Your Last Name		Your First Nam	e				Middle Ir	nitial
PARMAR		SHREEJAY						
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased						
04/03/1991	006-79-8332			hecked and cla DR 0102 and 0				
Enter the following information	n from vour current	State of Issue	Las	t 4 characters of I	D number	Date of Issuan	се	
Enter the following information from your current driver license or state identification card.		CO	82	139		08/23/21		
If Joint, Spouse's Last Name		Spouse's First	Name				Middle Ir	nitial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased						
			the	hecked and cla DR 0102 and	death ce	ertificate with	your retu	
Enter the following information	n from vour spouse's	State of Issue	Las	t 4 characters of I	D number	Date of Issuan	се	
current driver license or state	Enter the following information from your spouse's current driver license or state identification card.							
Mailing Address	Mailing Address				Pho	ne Number		
4811 NIAGARA ST APT 23				(7)	20)999-849	90		
City	State	ZIP Co	de	Foreign (Country (if appli	cable)		
DENVER CO 80237								
To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:								
 You are a Colorado resident and at least one person in your household does not have health coverage AND 								
 You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. 								
Round To The Nearest Dollar								
1. Enter Federal Taxable Inco 1040, 1040 SR, or 1040 SI	come tax for	n:	• 1			47775	00	
Include W-2s and 1099s with CO withholding.								
Additions to Federal Taxable Income								
2. State Addback, enter the state income tax deduction from your federal form 1040,								00
1040 SR, or 1040 SP schedule A, line 5a (see instructions) • 2 0 0								
3. Qualified Business Income Deduction Addback (see instructions) • 3							00	

220104 21555

220104	21555	Page 2 of 4			
Name				SSN or ITIN	
SHREEJAY PARM	AR			006-79-8332	
A Hansimad Dadu			.		0
	ction addback (see instruction		•		00
	Recapture Prior Year - Non-qu ee instructions)				00
		• 5)		
6 Other Addition	s, explain (see instructions)	• 6			00
Explain:		•			
				47775	
7. Subtotal, sum of	of lines 1 through 6	7	,	4///5	00
		Colorado Subtractions			
		, line 22, you must submit the			
DR 0104AD sc	hedule with your return.	• 8	3		0 (
				47775	
	ble Income, subtract line 8 fro				0 (
		Book for full-year tax table and part-	year DR	0104PN Schedule	
		PN line 36, you must submit the		2101	
	th your return if applicable.	• 1	0		00
		MT line 8, you must submit the	4		00
DR 0104AMT	with your return.	• 1			
12. Recapture of p	rior year credits	• 1	2		00
		•			
13. Subtotal sum o	of lines 10 through 12	1	3	2101	00
		line 48, the sum of lines 14, 15, and 16			
	line 13, you must submit the				00
		used – as calculated, or from the			
		16 cannot exceed line 13, you must			
submit the DR	1366 with your return.	• 1	5		0 (
16. Strategic Capit	al Tax Credit from DR 1330, t	he sum of lines 14, 15, and 16 cannot			
exceed line 13,	you must submit the DR 133	0 with your return. • 1	6		0 (
				2101	
			7	2101	0 (
		Ile line 7, you must submit the			
DR 0104US wi	th your return.	• 1	8		00
				2101	
19. Net Colorado I	Tax, sum of lines 17 and 18		9		0 (
		99s, you must submit the W-2s and/or		2962	
1099s claiming	Colorado withholding with yo	• 2	20		00
	mated Tax Carry former				
	nated Tax Carryforward	• 2	<u> </u>		00
	Payments, enter the sum of the	ne quarterly payments remitted for			0,
this tax year		• 2			00
D Eutonalan Dar	ment remitted with the DD 044				0
. Extension Payl	ment remitted with the DR 015	58-I • 2	. J		0

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

220104 3	1555	Page 3 of	f 4					
Name					SSN or I	TIN		
SHREEJAY PARMAR 006-79-8332								
24. Other Prepayments	s: DR 01	04BEP 🗌 🛛	DR 0108	• DR 1079 • 24			00	
	25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 25 000							
26. Innovative Motor V	26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must							
	27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR							
28. Subtotal, sum of lir	nes 20 through 27			28		2962	00	
			AGI for TABO				10 0	
Lines 30 through					t your Colorado	tax liability.		
29. Federal Adjusted C 1040 SR line 11, or		n your federal inc	come tax form: 1	040 line 11, • 29		60725	00	
30. Nontaxable Social	Security Income			• 30			00	
31. Nontaxable interes	t income from sta	te and local bon	ds	• 31			00	
32. Sum of lines 29 thr				32		60725	00	
	\$48,000	dified AGI Tiers \$48,001 –	\$95,001 –	\$151,001 –	\$209,001 -	\$268,001		
If line 32 is:	or less	\$95,000 \$95,000	\$95,001 – \$151,000	\$209,000	\$268,000	or more	_	
Single Filers Enter	\$153	\$208	\$234	\$285 \$300 \$486				
Joint Filers Enter	Joint Filers Enter \$306 \$416 \$468 \$570 \$600 \$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. 								
24 Cum of lines 20 on	2170						0.0	
	34. Sum of lines 28 and 33 00							
35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 35								
36. Estimated Tax Cre	dit Carryforward t	o 2023 first quar	ter, 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.								
37. Refund, subtract lin	ne 36 from line 35	(see instruction	s)	• 37		1069	00	
Direct Routing Number 0 4 4 0 0 0 0 3 7 Type: X Checking Savings CollegeInvest 529								
Deposit Account N	umber 7 1 9	6 7 3 0 3 5	5					
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.								

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

220104 41555	Page 4 of 4				
Name			SSN or ITIN		
SHREEJAY PARMAR			006-79-8332	2	
38. Net Tax Due, subtract line 34 from line 19	38			0 0	
39. Delinquent Payment Penalty (see instruction:	s) • 39			0 0	
 40. Delinquent Payment Interest (see instructions 41. Estimated Tax Penalty, you must submit the (see instructions) 				0 0	
42. Amount You Owe, sum of lines 38 through 41	• 42				
The State may convert your check to a one-time electronic by by the State. If converted, your check will not be returned. If Revenue may collect the payment amount directly from your	your check is rejected due to insufficient or uncolle				
	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. Comple	ete the fo	bllowing:		
Designee's Name		Phone N	lumber		
•		•			
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return is tru	ue, correct			
Your Signature			Date (MM/DD/YY)		
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)		
Paid Preparer's Name Paid Preparer'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:	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.