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

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securit	ty numb	per	
RAK	ESH VENUGOPAL	668-35	-112	3	
	o's name	Spouse's soc			r
Dord	Tay Poture Information Tay Year Ending December 21 2000 /Er	tor voor vou o	ro 011	thorizina	1
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Erwhole dollars only on lines 1 through 5.	nter year you a	re au	monzing.	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	33	,743.
2	Total tax		2		,288.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,251.
4	Amount you want refunded to you		4		,963.
5	Amount you owe		5		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Part		d keep a cop	y of y	our retu	rn)
my know return to send for any Agent payme authori payme busine taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amenowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a (original or amended) I am now authorizing. I consent to allow my intermediate service provider, traid my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in to receive confidential information necessary to answer inquiries and resolve issues related to the ladication number (PIN) below is my signature for the income tax return (original or amended)	above are the amonsmitter, or electror rejection of the tree U.S. Treasury a indicated in the tratution to debit the nate the authorizarequests must be the processing of the payment. I further	ounts formic references on the control of the contr	rom the incturn original sistem, (b) the designated paration so to this according to the content of the content	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	onic Funds Withdrawal Consent. Bayer's PIN: check one box only				
Тахра		oto my DINI	1 1	1 2 3	00 my
	I authorize GLOBAL TAXES LLC to enter or general ERO firm name	ž En		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	ii t eiite	an zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Yours	signature ► Date ▶	02/04/2023			
Snous	se's PIN: check one box only				
Ороц	I authorize to enter or general	ate my PINI			as my
	ERO firm name		ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Spous	se's signature ▶ Date ▶	•			
	Practitioner PIN Method Returns Only—continue bel	ow			
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	1 8 9 5 Don't ent	2 3 er all ze	1 9 8 eros	9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual incomized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	ırn in a	accordance	
ERO's	s signature ► Date ▶	•			
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested T				

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

2022

OMB No. 1545-0074

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)			surviv	ing	
Check only one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box, enter t		use (C s name	,	qualifying	
Your first name	and mi	ddle initial	Last na	me				Your so	cial se	curity	number	
RAKESH			VENU	GOPAL				668-	35-1	123		
	pouse's	first name and middle initial	Last nai					_			rity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial E	lection	Campaign	
12652 RG	OOSE	JELT LANE					18H3			you, o	,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP code				y, want \$3 hecking a	
ENGLEWOO	DD				CC		80112	box be			0	
Foreign country	y name		F	oreign province/stat	e/coun	ty	Foreign postal code	your ta	x or re	fund.	· ·	
									\	You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				, , , , , , , , , , , , , , , , , , , ,	. ,		Yes	⊠ No	
Standard		eone can claim: You as a de		<u>_</u>		a dependent	, (,				
Deduction		Spouse itemizes on a separate retur	•	•		•						
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	n before January			Is bline		
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh			ifies foi	r (see in	structions):	
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Credit	for other	r dependents	
than four											<u> </u>	
dependents, see instruction	s ——										<u> </u>	
and check	, —										<u> </u>	
here]										J	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 18	1	33	3 , 743.	
A44(-)	b	Household employee wages not re	•	, ,				. 11				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not rep		` ,	e instru	ıctions)		. 10				
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		· ·				. 16				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6.						. 19				
get a Form W-2, see	h	Other earned income (see instruct	,					. 11	1		0.	
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i				2.	740	
	<u>z</u>	Add lines 1a through 1h						. 12		33	3,743.	
Attach Sch. B if required.	2a	· –	2a			axable interes		. 21	_			
ii required.	3a		3a			ordinary divide		. 3l				
	4a	-	4a			axable amoun						
Standard Deduction for—	5a	-	5a			axable amoun		. 5l				
Single or	6a	,	6a	mothed sheet has		axable amoun	t	. 6l)			
Married filing separately,	C	If you elect to use the lump-sum e		•	`	,						
\$12,950	7	Capital gain or (loss). Attach Sche										
 Married filing jointly or 	8	Other income from Schedule 1, lin		This is your total i				. 8	_		712	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche						. 9			3,743.	
\$25,900	10	Subtract line 10 from line 9. This is						. 10			7/2	
 Head of household, 	11	Standard deduction or itemized	•	-				. 11			3,743.	
\$19,400 If you checked	12 13	Qualified business income deduct		`	,	 15_Δ		. 12			2,950.	
any box under	14									1 ′) 050	
Standard Deduction,	15										2 <u>,950.</u> 0,793.	
see instructions.	13	Capitati inig 14 itolif illie 11. Il 201	O OI 1695	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								

Form 1040 (2022	2)								Pag	ge 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	2,288	
Credits	17	Amount from Schedule 2, lin	ie 3					17		
	18	Add lines 16 and 17					🗔	18	2,288	8.
	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	2,288	8.
	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				7	24	2,288	
Payments	25	Federal income tax withheld							,	
,	а	Form(s) W-2				25a 6	,251.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	,				2	.5d	6 , 251	1.
.,	26	2022 estimated tax paymen						26	•	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812								
	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				ndable credits	;	32		
	33	Add lines 25d, 26, and 32. T					;	33	6 , 251	$\overline{1.}$
Refund	34	If line 33 is more than line 24						34	3,963	3.
neiulia	35a	Amount of line 34 you want				•	. 🗆 🖪	5a	3,963	3 .
Direct deposit?	b	Routing number 1 2 3					Savings			
See instructions.	d	Account number 1 3 9		6 0 0 4	4 3	_				
	36	Amount of line 34 you want		2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	_	-			;	37		
	38	Estimated tax penalty (see in				38				
Third Party Designee		you want to allow another	•		n with the IRS?		mplete belo	214/	X No	
Designee		signee's		Phone			nal identifica		∠ NO	
		ne		no.			er (PIN)			
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com	plete. Declaration of		,	sed on all information			•	lge.
	Yo	ur signature		Date	Your occupation				you an Identity , enter it here	
Joint return?					TT ENGINEE	'R	(see inst	_		\Box
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	IT ENGINEER Date Spouse's occupation				S sent	your spouse an	
Keep a copy for	-1-	, ·					Identity	Protec	tion PIN, enter it	here
your records.							(see inst	.)		\perp
	Ph	one no. (720) 412-016	9	Email address	ROCKUSV4@G	MAIL.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/03/2023	P020827	J3 L	Self-employe	ed
Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone n	o. (6	78) 965-952	22_
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-31719	65
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2	2022)



228454 11555

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					ar (MM/DD/YY)		or Fiscal Year beginning (MM/DD/YY)				
Depart	tment of Revenue. Ret	ain with you	ır records.	12/31/	22						
Tax Typ	pe										
X	Individual Income (DR 0104)	Corporat (DR 0112	te Income 2)		nership/S-C 0106)	orp Incom	e [ciary l 0105)	Income)	
Тахрау	er Last Name or Business Nan	ne	First Na	me or Busine	ess DBA if diffe	erent from Bu	usiness Na	ame		Middle Initial	
VENU	GOPAL		RAKES	SH							
Spouse	e's Last Name (if applicable)		First Na	me						Middle Initial	
Tavasav	or CCN or ITIN		Craves	CON as ITIN	(if applicable)			FEIN			
	er SSN or ITIN		Spouse	SSN OF ITIN	(if applicable)			FEIN			
668-	35-1123										
Taxpay	ver or Business Address				City			State	ZIP		
1265	2 ROOSEVELT LANE A				ENGLEWO	OD		CO	80	112	
		<u>F</u>	Part I — Tax	Return li	nformation						
	al Income from your fede						\$			33743	
ı	able Income (or allowable more information)	e deduction) f	rom your fe	deral retur	n (see instr		\$			20793	
3. Col	orado Tax from your Colo	orado return (s	see instructi	ons for mo	re informat	ion) 3	\$			913	
4 . Col	orado Tax Withheld or Pa nore information)	yments, from	your Colora	ado return	(see instruc	ctions	\$			1498	
		P	art II — Dec	laration o	of Tax Paye						
Federal/C	enalties of perjury, I declare that the Colorado income tax returns, and the and that I (or my Electronic Return s, and attachments upon request b	at said tax returns, s Originator (ERO) if	statements, sched applicable) may	dules and attac be required to	chments are true provide paper o	, correct, and c	omplete to t eclaration,	the best of r my returns,	ny know withhol	rledge and belief. ding statements,	
Signatu				,		,	te (MM/DD/Y				
Spouse	s's Signature (If Joint Return, B	oth Must Sign)				Da	te (MM/DD/Y	Υ)			
		Part III — I	Declaration	of ERO/F	Preparer/Tra	ansmitter					
	If the transmitter did not	prepare the ta	ax return, ch	neck here							
the prepa taxpayer correct, a have prov of limitation	of the preparer, I declare only that the preparer, I declare only that the arer, under penalties of perjury I declared the amounts shown in Part I abound complete to the best of my knowided the taxpayer with copies of all ons, and to provide paper copies of at any time during this period.	lare that I have revie ove agree with the a wledge and belief. A I forms and informa	ewed the above to amounts shown o As preparer, I furth ation filed. I also a	axpayer's Fedon said tax returher declare the agree to maint	eral/Colorado inc rns, and that said at I have obtaine ain this signed F	come tax return d tax returns, st d the taxpayer' orm (DR 8454)	s and that the atements, so signature for the per	ne informati chedules, a on this forn iod covered	on provi and attac n at the I by the	ided to me by the chments are true, time of filing and Colorado statute	
ERO's	Signature				Prepar	er Identificati	on Numbe	er, Your SS	SN, or I	TIN	
SYAM	PRIYA RAM SAGAR G	UPTA TALLA	М		P020)82703					
	Oh and if also De				Date (MM/DD/YY)					
	Check if also Prepar	rer X			04/0	3/23					





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 Nonreside dent combina				0104	₽N			oroad action	l on due d s	date –	
Your Last Name			Your Fi	rst Nam	е						Middl	e Initial
VENUGOPAL			RAKE	SH								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed								
08/04/1990	668-35-13	123				the DF	cked and cla R 0102 and	death	n cert	ificate wit	h your r	nclude eturn.
Enter the following information	n from vour ci	ırrent	State o	f Issue		Last 4 o	characters of I	D num	nber D	ate of Issua	ance	
driver license or state identific	•		CO			1268	3			01/10/2	23	
If Joint, Spouse's Last Name			Spouse	's First I	Name	9					Middl	e Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed							'	
						If ched the DF	cked and cla R 0102 and	aimino death	g a re n cert	efund, you ificate wit	ı must ir h your r	nclude eturn.
Enter the following information	n from vour si	001169,6	State o	f Issue		Last 4 o	characters of I	D num	nber D	ate of Issua	ance	
current driver license or state	identification	card.										
Mailing Address								ı	Phone	Number		
12652 ROOSEVELT LANE A	APT 18H3								(720	0)412-0	169	
City				State	ZIP	Code		Forei	ign Co	ountry (if app	olicable)	
ENGLEWOOD				CO	80	112						
To see if you or members	s of your hou	sehold qua	lify for f	ree or	redu	uced-d	cost health	cover	rage,	check th	is box if	:
You are a Colorado re AND	esident and a	t least one	person	in you	ır ho	useho	old does no	t have	e hea	alth cover	age	
You give permission for for Health Colorado (the												nnect
,				<u>, </u>		•				nd To The		Dollar
1. Enter Federal Taxable Inco		r federal in	come ta	ax forr	n:						2079	3
1040, 1040 SR, or 1040 SI							• 1					<u> </u>
Include W-2s and 1099s with 0		ng. Iditions to	Fodor	al Tava	ablo	Incor						
2. State Addback, enter the s												
1040 SR, or 1040 SP sche				•		. 3	• 2					0 0
3. Qualified Business Income	Deduction A	ddback (se	e instru	uctions	s)		• 3					0 0



21555

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

Tax.Colorado.gov Page 2 of 4

220104	21555	Page 2 of 4			
Name				SSN or ITIN	
RAKESH VENUGO)PAT.			668-35-1123	
4 Haminad Dadu					0.0
	ction addback (see instruction		•		0.0
	Recapture Prior Year - Non-q				0.0
Contribution (s	ee instructions)	• 5)		0 (
6 Other Addition	a cyplain (acc instructions)	• 6			0 (
Explain:	s, explain (see instructions)	• •)		00
7. Subtotal, sum	of lines 1 through 6	7	,	20793	0 (
	- mee i an eag.	Colorado Subtractions	-		
8. Subtractions fr	om the DR 0104AD Schedule	e, line 22, you must submit the			
	chedule with your return.	• 8	3		0 (
				00700	
9. Colorado Taxa	ble Income, subtract line 8 fro	om line 7 • 9		20793	0 (
Tax, Prepay	ments and Credits: see 104	Book for full-year tax table and part-	year DR	0104PN Schedule	
10. Colorado Tax f	rom tax table or the DR 0104	PN line 36, you must submit the		913	
DR 0104PN wi	ith your return if applicable.	• 1	0	913	0 (
11. Alternative Mir	nimum Tax from the DR 0104/	AMT line 8, you must submit the			
DR 0104AMT	with your return.	• 1	1		0 0
12. Recapture of p	rior year credits	• 1	2		0 (
				913	
	of lines 10 through 12		3		0 (
		R line 48, the sum of lines 14, 15, and 16	1		
	l line 13, you must submit the		4		0.0
		s used – as calculated, or from the			
		d 16 cannot exceed line 13, you must			
	1366 with your return.	• 1	5		0 (
		the sum of lines 14, 15, and 16 cannot			
exceed line 13	, you must submit the DR 133	0 with your return. • 1	6		0 (
47 Nothernon To		Continuent the steering frages lines 42	_	913	0.0
			7		0 (
		ule line 7, you must submit the	0		0 (
DR 0104US wi	in your return.	• 1	0		01
40 Not Colorado	Fay our of lines 17 and 19	4	0	913	0.0
	Tax, sum of lines 17 and 18	1 99s, you must submit the W-2s and/or	9	-	0 (
	g Colorado withholding with yo		0	1498	0 (
i o a a a cialililli	3 Colorado withholding with yo	our return. • 2			0 (
21 Prior year Estin	mated Tax Carryforward	• 2	1		0 (
		he quarterly payments remitted for			-
this tax year	r ayments, enter the sum of t	• 2	2		0 (
uno tax yeai		• 2			0 (
23 Extension Pay	ment remitted with the DR 01	58-I ● 2	3		0 (
EV. LAGIBIUIT Fay	mont rountted with the DR UI	UU 1			J (



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

220104	31555	Page 3 o	f 4				
Name					SSN or	ITIN	
RAKESH VENUGOPA	L				668-	35-1123	
24. Other Prepaymen	ts:	04BEP .	DR 0108	• DR 1079 • 24	-	0.0	
•		dit from the DR 1	305G line 33, yo				
26. Innovative Motor \	n your return. Vehicle and Innova	ative Truck Credit	t from form DR 0			0 (
submit each DR 0	617 with your retu	rn.		• 26		0 (
with your return.			a must submit th	• 27		0.0	
28. Subtotal, sum of li	ines 20 through 27	,		28		1498 00	
		Modified		R		•	
					t your Colorado		
	er Prepayments:			33743			
30. Nontaxable Socia	ther Prepayments: DR 0104BEP DR 0108 DR 1079 • 24 toss Conservation Easement Credit from the DR 1305G line 33, you must submit e DR 1305G with your return. • 25 novative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must bmit each DR 0617 with your return. • 26 fundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR th your return. • 27 tabtotal, sum of lines 20 through 27 28 Modiffied AGI for TABOR ines 30 through 33 are only used to calculate your TABOR Credit, they do not affect deral Adjusted Gross Income from your federal income tax form: 1040 line 11, 40 SR line 11, or 1040 SP line 11 ontaxable Social Security Income • 30 Interest interest income from state and local bonds • 31 am of lines 29 through 31: Modified AGI for TABOR Modified AGI Tiers for State Sales Tax Refund If line 32 is: \$48,000 \$48,001 - \$95,001 - \$151,001 - or less \$95,000 \$151,000 \$209,000 gle Filers Enter \$153 \$208 \$234 \$285 Int Filers Enter \$306 \$416 \$468 \$570 ate Sales Tax Refund: For full-year Colorado residents, born before 2004, or l-year Colorado residents who are under the age of eighteen but are required file a return. Use the amount on line 32 and reference the table above. See structions if you are filing an extension. and of lines 28 and 33 verpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 Averpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 Averpayment, if line 36 from line 37 below and would like to donate all or a portion of yado charity, include Form DR 0104CH to contribute.			0 (
31 Nontaxable intere	st income from sta	ate and local bon	ds	• 31		0 (
						337/13	
32. Sum of lines 29 th						0(
If line 32 is:					\$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	
to file a return. Us	e the amount on li	ne 32 and refere	•	ove. See		153	
instructions if you	are filing an exten	sion.		• 33		0 (
34. Sum of lines 28 ar	nd 33			34		1651 00	
35. Overpayment, if li	ne 34 is greater th	an line 19 then s	ubtract line 19 fr	om line 34 35		738 00	
36. Estimated Tax Cre	edit Carryforward f	to 2023 first quar	ter, if any.	• 36		0.0	
If you have an overpa	ayment on line 37	below and would	l like to donate a	ıll or a portion of y	your overpayme	ent to a qualified	
Colorado charity, incl	ude Form DR 0104	4CH to contribute	э.				
37. Refund, subtract I	ine 36 from line 35	5 (see instruction	s)	• 37		738	
Davitina A					Savings	CollegeInvest 529	
Direct					5aig0	20.10901111031 020	
Deposit Account N	Number [1 3 9]	1 0 5 2 6 (U U 4 3				
I For questions re-	For questions regarding Callege Invest direct deposit or to open an account, visit Callege Invest are as call 900, 449, 2424						



220104 41555

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

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220104 41555	. 490 . 0								
Name			SSN or ITIN						
RAKESH VENUGOPAL			668-35-	1123					
38. Net Tax Due, subtract line 34 from line 19	38	1		0 0					
39. Delinquent Payment Penalty (see instructions	• 39)		0 0					
40. Delinquent Payment Interest (see instructions	• 40			0 0					
41. Estimated Tax Penalty, you must submit the E (see instructions)	OR 0204 with your return. • 41			0 0					
42. Amount You Owe, sum of lines 38 through 41	• 42								
by the State. If converted, your check will not be returned. If y	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. Comple	ete the fo	ollowing:						
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 tr	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 Prep	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 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 80261-000**6**

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.