### 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

IIICIIIai	I heveline del vice				
Subm	nission Identification Number (SID)				
Taxpay	ver's name	Social secur	ity numb	er	
FNU	NAGARAJ	490-51	-552	5	
Spouse	e's name	Spouse's so			per
Par		er year you	are au	thorizin	g.)
	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.  Adjusted gross income		1 1	) 2	21,731.
2	Total tax		2		878.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		4,540.
4	Amount you want refunded to you		4		3,662.
5	Amount you owe		5		3,002.
Part		keep a co		our ret	turn)
my kn return to sen for any Agent payme author payme busine taxes persor	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend lowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey 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 in the ent 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 terminent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation repairs and appropriate to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the pala identification number (PIN) below is my signature for the income tax return (original or amended) is once Funds Withdrawal Consent.	ove are the ansmitter, or elect ejection of the U.S. Treasury andicated in the ution to debit the authorizequests must be processing a payment. I fu	nounts fronic retarnsmise and its cand	rom the curn original ssion, (b) designate paration sto this action is determined to the current of the current	income tal nator (ERC the reason ed Financia software for count. This e (cancel) a ater than 2 payment of ge that the
Taxpa	ayer's PIN: check one box only				٦
	I authorize GLOBAL TAXES LLC to enter or generate	e my PIN	. 5 5	5 2 5	」 as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei		digits, but r all zeros	t ´
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Your	signature ▶ Date ▶				
Spou	se's PIN: check one box only	_			_
Г	☐ I authorize to enter or generat	e my PIN			as my
_	ERO firm name	_	nter five	digits, but	
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all zeros	6
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN me below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	W			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.				
		Don't en	ter all ze	eros	
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers o	omitting this ref	urn in a	accordan	ce with the
ERO'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	ed filing separatel	y (MFS)	☐ Head of	household (HOH)		lifying su use (QSS		J	
Check only one box.	•	u checked the MFS box, enter the nonis a child but not your dependent	,	our spouse. If yo	u check	ed the HOH or	QSS box, enter t		•	,	alifying	
Your first name and middle initial Last name Your first name					Your so	nber						
FNU				RAJ				490-51-5525				
	pouse's	first name and middle initial	Last nar					<del> </del>	s social s		number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Elec	tion Ca	mpaign	
10200 P	ARK N	MEADOWS DRIVE					22		nere if yo	,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ite	ZIP code		if filing jo this fund			
LITTETO	N				CC		80124	1 0	ow will no		0	
Foreign countr	y name		F	oreign province/sta	ate/coun	ty	Foreign postal code	your tax	or refun	d.		
									You		Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				,.	. ,	Yes	<b>X</b>	No	
Standard		eone can claim:  You as a de		<u>_</u>		a dependent						
Deduction		Spouse itemizes on a separate retur	•	•		•						
Age/Blindnes	you:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bor	n before January			blind		
Dependent	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	.		ies for (se	e instru	ıctions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax of	redit	Credit for	other der	pendents	
than four										<u> </u>		
dependents, see instruction	s ——									<u>Ш</u>		
and check	, —									Ш_		
here L										Ш		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1a		21,	731.	
A44(-)	b	Household employee wages not re	•	, ,				. 1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6.						. 1g				
get a Form W-2, see	h	Other earned income (see instruct									0.	
instructions.	i	Nontaxable combat pay election (see instructions)								01.	<b>-</b> - 1	
	<u>z</u>	Add lines 1a through 1h	· i ·	· · · · · · · · · · · · · · · · · · ·				. 1z		<u> </u>	731.	
Attach Sch. B if required.	2a	'	2a			axable interes		. 2b				
ii required.	3a		3a			ordinary divide		. 3b				
	4a	_	4a			axable amoun						
Standard Deduction for—	5a	_	5a			axable amoun		. 5b				
Single or	6a	, _	6a	mothod obsoleh		axable amoun	t	. 6b	_			
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)										
\$12,950	7		tal gain or (loss). Attach Schedule D if required. If not required, check here									
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin						. 8		21 5		
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche		•		e 		. 9 . 10		<u> </u>	731.	
\$25,900		•								01 -		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is Standard deduction or itemized	-					. 11			731.	
\$19,400 If you checked	12 13	Qualified business income deduct		`	,	 15_Δ		. 12		<u> </u>	950.	
any box under	14									10 (		
Standard Deduction,	15										<u>950.</u> 781.	
see instructions.	13	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								0,	/01.	

Form 1040 (2022	2)										P	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16		87	78.
Credits	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17									87	78.
	19	Child tax credit or credit for	other dependen	its from Sched	ule 8812				. 19			
	20	Amount from Schedule 3, lin	ne 8						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0					. 22		87	78.
	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 <b>total tax</b>						. 24		87	78.
Payments	25	Federal income tax withheld	I from:									
-	а	Form(s) W-2				25a	4	,54	0.			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							. 25d		4,54	10.
If you have a	26	2022 estimated tax paymen	ts and amount a	applied from 20	)21 return				. 26			
qualifying child,	27	Earned income credit (EIC)			No .	27						
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable	credits		. 32			
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments					. 33		4 <b>,</b> 54	10.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>o</b>	verpaid		. 34		3,66	52.
riciana	35a										3,66	52.
Direct deposit?	b	Routing number 1 0 2			<b>c</b> Type:	Checki	ng 🔀	Savin	gs			
See instructions.	d	Account number 3 9 8	2 2 1 5	6 2 7								
	36	Amount of line 34 you want	applied to your	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 i	nstructions) .			38						
Third Party		you want to allow another	•				¬		to both	SZ N.		
Designee		structions				٠ ـ			te below.	× No		
	nai	signee's ne		Phone no.				onai id ber (PII	entification N)			$\Box$
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	d accompanying sch	edules ar	nd stateme	nts, an	d to the bes	st of my kn	owled	ge and
Here		ief, they are true, correct, and com										
пеге	Yo	ur signature		Date	Your occupation			- 1	f the IRS se	,	,	/
									Protection P see inst.)	IN, enter it	here	$\overline{}$
Joint return? See instructions.			L - 41 1	D-t-	SOFTWARE I							
Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must s			Date	Spouse's occupati	On			f the IRS se dentity Prot			
your records.								(:	see inst.)			
	Phone no. (720) 323-9588			Email address REACHNAGARAJKONAGUTHI@GMAII								
Daid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:		
Paid										Self-	emplo	yed
Preparer	Firm's name GLOBAL TAXES LLC Pho						Phone no.	one no.				
Use Only								irm's EIN	rm's EIN			
Go to www.irs a	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/	22/23 PRO			Form	1040	(2022)
	. =				DAA	v 00/2						,/



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 Colo		For Tax Year (MM/DD/YY)					or Fiscal Year beginning (MM/DD/YY)						
Department of Revenue. Retain with your r	records.	12/31/	22										
Тах Туре													
Individual Income Corporate I (DR 0104) (DR 0112)	Income		nersh 0106	ip/S-C	orp Ind	come	)		Fiduc (DR 0		ncome		
Taxpayer Last Name or Business Name	First Na	me or Busine	ess DE	A if diffe	rent fro	m Bu	siness N	ame			Middle Initial		
NAGARAJ	FNU												
Spouse's Last Name (if applicable)	First Na	me									Middle Initial		
Taxpayer SSN or ITIN	Spouse	SSN or ITIN	(if appl	icable)				FE	IN				
490-51-5525													
Taxpayer or Business Address			City						State	ZIP			
10200 PARK MEADOWS DRIVE APT 22			LII	TETON	1				СО	80	124		
Par	rt I — Tax	κ Return Ir	nform	nation									
Total Income from your federal return (see in					1	1	\$				21731		
Taxable Income (or allowable deduction) fror for more information)											8781		
3. Colorado Tax from your Colorado return (see	e instructi	ons for mo	re int	ormati	on)	3	\$				385		
<ol><li>Colorado Tax Withheld or Payments, from yo or more information)</li></ol>	our Colora	ado return	(see	instruc	tions	4	\$				982		
		claration o											
Under penalties of perjury, I declare that the information I have profederal/Colorado income tax returns, and that said tax returns, state I understand that I (or my Electronic Return Originator (ERO) if appropriately, and attachments upon request by the Colorado Departments.	ements, sche plicable) may	dules and attac be required to	chments provid	s are true, e paper c	correct, opies of	and co this de	mplete to eclaration,	the b	est of m	y know vithholo	ledge and belief.		
Signature Signature		at any anno		1.10 po.10	2 00 10 10 10 10 10 10 10 10 10 10 10 10		e (MM/DD/\			- Intation			
Spouse's Signature (If Joint Return, Both Must Sign)						Date	e (MM/DD/\	(Y)					
Part III — De	claration	of ERO/F	repa	rer/Tra	ınsmit	ter							
If the transmitter did not prepare the tax	return, ch	neck here											
If I am not the preparer, I declare only that the amounts shown in P the preparer, under penalties of perjury I declare that I have reviewe taxpayer and the amounts shown in Part I above agree with the amo correct, and complete to the best of my knowledge and belief. As p have provided the taxpayer with copies of all forms and information of limitations, and to provide paper copies of this declaration, said I Revenue at any time during this period.	ed the above to ounts shown or oreparer, I furton filed. I also	taxpayer's Fede on said tax retu ther declare that agree to mainta	eral/Col rns, and at I have ain this	orado inco I that said e obtained signed Fo	ome tax r tax retur the taxp orm (DR	eturns ns, sta payer's 8454)	and that to tements, so signature for the per	he interior	formatio dules, an his form covered l	n provious d attact at the foot the foot	ded to me by the hments are true, time of filing and Colorado statute		
ERO's Signature				Prepare	er Identi	ficatio	n Numbe	er, Yo	our SSI	N, or I	TIN		
				Date (N	IM/DD/YY								
Check if also Preparer X		04/19/23											





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

#### 2022 Colorado Individual Income Tax Return

	or Nonreside dent combina				0104	·PΝ			road ctions	on due d	late –	
Your Last Name			Your Fir	st Nam	е						Middle	Initial
NAGARAJ			FNU									
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed								
05/01/1982	490-51-55	525			t	the DF	cked and cla R 0102 and	death	certi	ficate with	h your re	clude eturn.
Enter the following information	n from vour c	ırrent	State of	fIssue	L	Last 4 c	characters of I	D num	ber Da	ate of Issua	nce	
driver license or state identific	•		СО			5357	7			02/21/2	3	
If Joint, Spouse's Last Name			Spouse'	's First I	Name						Middle	Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed								
					_	If chec the DF	cked and cla R 0102 and	aiming death	g a ref i certif	fund, you ficate witl	must in h your re	clude eturn.
Enter the following information	n from vour si	001169,6	State of	f Issue	L	Last 4 c	characters of I	D num	ber Da	ate of Issua	nce	
current driver license or state	identification	card.										
Mailing Address								F	Phone	Number		
10200 PARK MEADOWS DRI	VE APT 2	2							(720	) 323-95	588	
City				State	ZIP	Code		Forei	gn Cou	untry (if app	olicable)	
LITTETON				CO	80	124						
To see if you or members	s of your hou	sehold qua	lify for f	ree or	redu	uced-d	cost health	cover	age,	check thi	s box if:	
You are a Colorado re     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.											
									Rour	nd To The	Nearest I	Dollar
1. Enter Federal Taxable Inco	come ta	ax forn	n:		_				8783	$_{1}\mid _{-1}\mid$		
1040, 1040 SR, or 1040 SI		. ~					• 1					0.0
Include W-2s and 1099s with 0		ıg. Iditions to	Fodora	l Tay	ablo	Incor						
2. State Addback, enter the s												$\Box$
1040 SR, or 1040 SP sche				•	230		• <b>2</b>					0 0
·	•	•		•								
3. Qualified Business Income	Deduction A	ddback (se	e instru	uctions	s)		• 3					0 0



DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 2 of 4

<u>220104</u>	<u>21555</u>	Page 2 of 4			
Name				SSN or ITIN	
FNU NAGARAJ				490-51-5525	
				<u> </u>	
	on addback (see instruction		4		0.0
	capture Prior Year - Non-qu		_		
Contribution (see	e instructions)	• !	5		0.0
6 Other Additions	explain (see instructions)	• (	3		0.0
Explain:	explain (ede men denerie)	•	-		10 0
			_	8781	
7. Subtotal, sum of	lines 1 through 6		7		0 0
8 Subtractions from	n the DR 010/AD Schedule	Colorado Subtractions , line 22, you must submit the			
	edule with your return.	, line 22, you must submit the	3		0.0
DIT O TO TI ID SOIL	sadio with your retain.			0.7.01	
9. Colorado Taxable	e Income, subtract line 8 fro	m line 7	)	8781	0.0
		Book for full-year tax table and part	year DR	0104PN Schedule	
		PN line 36, you must submit the		385	
	your return if applicable.	• ·	10		0.0
		MT line 8, you must submit the			0.0
DR 0104AMT wit	ın your return.	•	11		0.0
12. Recapture of pric	or vear credits	•	12		0.0
				385	
13. Subtotal, sum of			13	383	0.0
		line 48, the sum of lines 14, 15, and 1	i		
		DR 0104CR with your return.	14		0.0
		used – as calculated, or from the			
		d 16 cannot exceed line 13, you must	15		0.0
	366 with your return. Tay Credit from DR 1330, t	he sum of lines 14, 15, and 16 cannot	15		00
	ou must submit the DR 133		16		0.0
				385	
17. Net Income Tax,	sum of lines 14, 15, and 16	Subtract that sum from line 13.	17	303	0.0
		lle line 7, you must submit the			
DR 0104US with	your return.	•	18		0.0
19 Not Colorado Tax	x, sum of lines 17 and 18		19	385	0 0
		99s, you must submit the W-2s and/or	19		0.0
	Colorado withholding with yo		20	982	0.0
21. Prior-year Estima	ated Tax Carryforward	• 1	21		0.0
		ne quarterly payments remitted for			
this tax year		• 2	22		0.0
		-0.1			
23. Extension Payme	ent remitted with the DR 01	58-I • 2	23		0 0



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

220104 Page 3 of 4 Name SSN or ITIN FNU NAGARAJ 490-51-5525 DR 0104BFP DR 0108 ● DR 1079 ● **24 24.** Other Prepayments: 00 25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit 00 the DR 1305G with your return. 26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must 0 submit each DR 0617 with your return. 00 26 27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. 00 27 982 00 28. Subtotal, sum of lines 20 through 27 28 Modified AGI for TABOR Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability. 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 21731 1040 SR line 11. or 1040 SP line 11 00 29 00 30. Nontaxable Social Security Income • 30 31. Nontaxable interest income from state and local bonds 00 • 31 21731 00 32. Sum of lines 29 through 31: Modified AGI for TABOR Modified AGI Tiers for State Sales Tax Refund \$48,000 \$48,001 -\$95,001 -\$151,001 -\$209,001 -\$268,001 -If line 32 is: or less \$95,000 \$151,000 \$209,000 \$268,000 or more Single Filers Enter \$153 \$208 \$234 \$285 \$300 \$486 Joint Filers Enter \$306 \$468 \$600 \$416 \$570 \$972 33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required 153 to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension. 00 • 33 1135 **34.** Sum of lines 28 and 33 34 00 750 35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 00 **36.** Estimated Tax Credit Carryforward to 2023 first guarter, if any. • 36 00 If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute. 750 00 **37.** Refund, subtract line 36 from line 35 (see instructions) 37 Х 1 0 2 0 0 1 0 1 CollegeInvest 529 Routing Number Checking Savings **Direct** Deposit Account Number 3 9 8 2 2 1 | 5 | For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



220104 41555

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

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Name			SSN or ITIN						
FNU NAGARAJ			490-51-5525						
<b>38.</b> 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			0 0						
<b>41.</b> Estimated Tax Penalty, you must submit the D (see instructions)	OR 0204 with your return. • 41		0 0						
<b>42.</b> 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 • X No • Yes. Complete the following: Department of Revenue? See the instructions.									
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	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 Prep	parer's Phone						
GLOBAL TAXES LLC									
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 80261-000**5** 

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