

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) ▶

Taxpayer's name FNU NAGARAJ	Social security number 490-51-5525
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

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	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	

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	5	5	2	5
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 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- 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

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 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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Don't enter all zeros

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 Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Personal information section including name, social security number, and home address.

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table for Dependents with columns for name, social security number, relationship, and tax credits.

Main income table with rows 1a through 15, including sub-rows for interest, dividends, and deductions.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 878.

Table for Payments (lines 25-33). Includes federal income tax withheld (4,540) and total payments (4,540).

Table for Refund (lines 34-36). Shows overpaid amount of 3,662 and amount applied to 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for preparer and spouse, including occupation and ID Protection PIN fields.

Paid Preparer Use Only section with fields for firm name (GLOBAL TAXES LLC), address, phone, and EIN.



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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 Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 12/31/22
or Fiscal Year beginning (MM/DD/YY)

Tax Type: Individual Income (DR 0104)
Taxpayer Last Name or Business Name: NAGARAJ
First Name or Business DBA: FNU
Spouse's Last Name:
First Name:
Middle Initial:
Taxpayer SSN or ITIN: 490-51-5525
Spouse SSN or ITIN:
FEIN:
Taxpayer or Business Address: 10200 PARK MEADOWS DRIVE APT 22
City: LITTETON
State: CO
ZIP: 80124

Part I - Tax Return Information

Table with 4 rows: Total Income from your federal return (21731), Taxable Income (8781), Colorado Tax from your Colorado return (385), Colorado Tax Withheld or Payments (982).

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.

Signature and Date fields for taxpayer and spouse.

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.

ERO's Signature and Preparer Identification Number, Your SSN, or ITIN fields.

Check if also Preparer [X]

Date (MM/DD/YY) 04/19/23



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DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
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2022 Colorado Individual Income Tax Return

[X] Full-Year [] Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN [] Mark if Abroad on due date - see instructions

Form with fields for: Your Last Name (NAGARAJ), Your First Name (FNU), Middle Initial, Date of Birth (05/01/1982), SSN or ITIN (490-51-5525), State of Issue (CO), Last 4 characters of ID number (5357), Date of Issuance (02/21/23), Mailing Address (10200 PARK MEADOWS DRIVE APT 22), Phone Number ((720) 323-9588), City (LITTETON), State (CO), ZIP Code (80124). Includes tax calculation table with Federal Taxable Income (8781.00) and Additions to Federal Taxable Income (0.00).



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Name	SSN or ITIN
FNU NAGARAJ	490-51-5525
4. Itemized Deduction addback (see instructions)	• 4
5. ColleeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions)	• 5
6. Other Additions, explain (see instructions)	• 6
Explain:	
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
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
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11
12. Recapture of prior year credits	• 12
13. Subtotal, sum of lines 10 through 12	13
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.	• 14
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
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.	• 16
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18
19. Net Colorado Tax, sum of lines 17 and 18	19
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20
21. Prior-year Estimated Tax Carryforward	• 21
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22
23. Extension Payment remitted with the DR 0158-I	• 23



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Name: FNU NAGARAJ
SSN or ITIN: 490-51-5525

24. Other Prepayments: 00
25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. 00
26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. 0 00
27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. 00
28. Subtotal, sum of lines 20 through 27 982 00

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, 1040 SR line 11, or 1040 SP line 11 21731 00
30. Nontaxable Social Security Income 00
31. Nontaxable interest income from state and local bonds 00
32. Sum of lines 29 through 31: Modified AGI for TABOR 21731 00

Modified AGI Tiers for State Sales Tax Refund

Table with 7 columns: If line 32 is: \$48,000 or less, \$48,001 - \$95,000, \$95,001 - \$151,000, \$151,001 - \$209,000, \$209,001 - \$268,000, \$268,001 - or more. Rows: Single Filers Enter, Joint Filers Enter.

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. 153 00
34. Sum of lines 28 and 33 1135 00
35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 750 00
36. Estimated Tax Credit Carryforward to 2023 first quarter, if any. 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 line 36 from line 35 (see instructions) 750 00

Direct Deposit

Routing Number: 102001017
Type: [X] Savings
Account Number: 3982215627

For questions regarding CollegenInvest direct deposit or to open an account, visit CollegenInvest.org or call 800-448-2424.



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Name: FNU NAGARAJ
SSN or ITIN: 490-51-5525

Table with 3 columns: Description, Amount, and Balance. Rows include Net Tax Due (38), Delinquent Payment Penalty (39), Delinquent Payment Interest (40), Estimated Tax Penalty (41), and Amount You Owe (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. Complete 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: GLOBAL TAXES LLC
Paid Preparer's Phone:

Paid Preparer's Address: 245 ROONEY CT
City: E BRUNSWICK
State: NJ
ZIP Code: 08816

REV 02/09/23 PRO

File and pay at: Colorado.gov/RevenueOnline

Instructions for filing with or without a check or payment, including mailing addresses for the Colorado Department of Revenue in Denver, CO.