## 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

Internal Revenue Service Go to www.irs.gov/Form8879 for the latest information.			
Submission Identification Number (SID)			
Taxpayer's name	Social security	y number	
FNU NAGARAJ	490-51-	5525	
Spouse's name	Spouse's soci	al security numbe	r
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	nter year you ar	e authorizina	1
Enter whole dollars only on lines 1 through 5.	iller year you ar	e authorizing	.)
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		<b>1</b>   21	,731.
2 Total tax		2	878.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,540.
4 Amount you want refunded to you			,662.
5 Amount you owe		5	,002.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an		-	ırn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment 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 termi payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate 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 fly ou are entering your own PIN and your return is filed using the Practitioner PIN melow.  Your signature	above are the amonsmitter, or electron of the transmitter. The surry and indicated in the tall itution to debit the inate the authorizar equests must be the processing of the payment. I furth I am now authorizate my PIN  The surrow and the surrow and the payment. I furth I am now authorizate my PIN  The surrow and the surrow and the surrow authorizate my PIN  The surrow and the surrow authorizate my PIN  The surrow authorizate method. The ERO	unts from the in nic return origina ansmission, (b) the did its designated x preparation so entry to this acction. To revoke (received no late the electronic pare acknowledgeing and, if applications or the electronic pare acknowledge in the electronic pare five digits, but the enter all zeros electronic pare five digits, but the electronic pare five digits and five	come tax tor (ERO) he reason Financial ftware for bunt. This (cancel) a er than 2 ayment of e that the cable, my as my
Spouse's PIN: check one box only	. 5		
I authorize to enter or general		er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I all if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.		•	_
Spouse's signature ▶ Date ▶	<b>•</b>		
Practitioner PIN Method Returns Only—continue bel	low		
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.	Don't ente	r all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am some requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	ubmitting this retur	rn in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested 1			

# 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 Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (	,	_		•	, _	spou	fying surv se (QSS) name if th	Ü		
Your first name	and mi	and middle initial Last name							Y	our so	ial securit	y number		
FNU	FNU NAGARAJ						4	490-51-5525						
	pouse's	first name and middle initial	Last nai						_			curity number		
Home address	(numbe	er and street). If you have a P.O. box, see	 e instruction	ons.			A	ot. no.	P	resider	itial Flection	on Campaign		
		MEADOWS DRIVE					2		- 1		ere if you,			
		ce. If you have a foreign address, also co	omplete si	paces below.	Stat	te	ZIP co		s	oouse i	f filing join	tly, want \$3		
LITTETO		, ,			CO			to			to go to this fund. Checking a box below will not change			
Foreign countr			F	oreign province/state				postal co			or refund.	U		
. o.o.g oou	,			orolgii provinos/otats	000	,	. 0.0.9.	. poota. oo			You	Spouse		
Digital		ny time during 2022, did you: (a) rec	,				•	, .	,					
Assets		ange, gift, or otherwise dispose of a		<u></u>			asset)'	(See ins	struct	ons.)	Yes	⊠ No		
Standard		eone can claim: You as a de		•		a dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien									
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befo	re Janua	ry 2, <sup>-</sup>	958	Is bli	nd		
Dependent	s (see	instructions):	tructions):				nip (4)	Check th	e box	if qualif	es for (see	instructions):		
If more	<b>(1)</b> Fi	rst name Last name	number			to you		Child tax cr		it	Credit for other dependent			
than four											<u></u>			
dependents, see instruction	s ——													
and check	, —													
here	]							L						
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	2	21,731.		
A44(-)	b	Household employee wages not re		. ,						1b				
Attach Form(s) W-2 here. Also	C	P								1c				
attach Forms	d	Medicaid waiver payments not rep		( )	instru	structions)				1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•						1e				
was withheld.	f	Employer-provided adoption bene	etits trom	n Form 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 (	see instr	ructions)		<u>1i</u>				-		1 7 7 1		
		Add lines 1a through 1h			 . T.					1z		21,731.		
Attach Sch. B if required.	2a	'	2a			axable interest				2b 3b				
	3a		3a			rdinary divide								
24	4a 5a		4a 5a			axable amoun axable amoun				4b 5b				
Standard Deduction for—	6a		6a			axable amoun				6b				
Single or	C	If you elect to use the lump-sum e	_	method check here						OD				
Married filing separately,	7	Capital gain or (loss). Attach Sche		·	`	,				7				
\$12,950 Married filing	8	Other income from Schedule 1, lin								8				
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							•	9		21,731.		
Qualifying surviving spouse,	10	Adjustments to income from Sche		•						10		·+ <b>,</b> · · · ·		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11		21,731.		
household,	12	Standard deduction or itemized	•	-						12		L2,950.		
\$19,400 If you checked	13	Qualified business income deduct		`	,					13		,,		
any box under Standard	14	Add lines 12 and 13								14	1	L2 <b>,</b> 950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								15		8,781.		
occ monucions.														

Form 1040 (2022	2)										Page	<b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16		878	_
Credits	17	Amount from Schedule 2, lir	ne 3						. 17			
	18	Add lines 16 and 17	. 18		878	_						
	19	Child tax credit or credit for	other dependen	ts 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		878	
	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		878	<u>.                                    </u>
Payments	25	Federal income tax withheld	I from:									
-	а	Form(s) W-2				25a	4	1 <b>,</b> 54	0.			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							. 25d		4,540	
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 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		4,540	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>o</b>	verpaid		. 34		3,662	
riciana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here									3,662	
Direct deposit?	b	Routing number 1 0 2			<b>c</b> Type:	Check	ing 🔀	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	. This is the <b>am</b>	ount you owe.								
You Owe		For details on how to pay, g	o to www.irs.go	v/Payments or	see instructions .				. 37			_
	38	Estimated tax penalty (see i	nstructions) .			38						
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	rn with the IRS?	See						
Designee	ins	structions				. L			te below.	× No		
	De nai	signee's ne		Phone no.				onal id ber (PII	entification		$\top$	$\neg$
Ciava		der penalties of perjury, I declare	that I have examine		d accompanying sch	odulos a		,	,	et of my kn	owlodgo c	
Sign		ief, they are true, correct, and com										
Here	Yo	ur signature		Date	Your occupation			11	f the IRS se	nt you an le	dentity	
		· ·			·				Protection P	IN, enter it	here	_
Joint return?					SOFTWARE 1				see inst.)			$\Box$
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	ion			f the IRS se dentity Prot			oro
your records.									see inst.)			Ä
	———Ph	one no. (720) 323-958	8	Email address REACHNAGARAJKONAGUTHI@GMAIL.COM								_
		eparer's name	Preparer's signat		TABLE HIM TO HE HO	Date	.0.111110.0	PTIN		Check if:		—
Paid										Self-	employed	i
Preparer	Firm's name GLOBAL TAXES LLC Pho							Phone no.		. ,	_	
Use Only									Firm's EIN			
Go to warm ire =		n1040 for instructions and the late				DEM 00	00/00 556	<u>''</u>	0 EII 1	Fam:-	1040 (20	
GO TO WWW.IIS.go	JV/I UIII	THE INTERPRETATION OF THE INTERPRETATION OF THE INTERPRETATION	ot illioillatioil.		BAA	KEV 03/	22/23 PRO			FUIII	.070 (20	122)



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

<b>Do not mail</b> this form to the IRS or the Colora Department of Revenue. <b>Retain with your re</b>			olora	do	For Tax Year (MM/DD/YY)				or Fisca	scal Year beginning (MM/DD/YY)							
			ur rec	ecords. 12/31/22													
Tax Typ	ре																
X	Individu (DR 010	al Income 04)		Corpora (DR 011		ome		nersh 0106	ip/S-Co	orp Inc	ome	)		Fiduci (DR 0		ncome	
Taxpay	er Last Nam	ne or Business N	ame			First Nar	me or Busin	ess DE	BA if diffe	rent fro	m Bu	siness N	ame			Middle In	itial
NAGA	RAJ					FNU											
Spous	e's Last Nan	ne (if applicable)				First Nar	me									Middle In	itial
Taxpay	er SSN or IT	IN				Spouse S	SSN or ITIN	(if appl	icable)				FEI	N			
490-	51-5525																
Тахрау	er or Busine	ess Address						City						State	ZIP		
1020	0 PARK	MEADOWS DF	RIVE	APT 22	2			LII	TTETON	1				CO	801	124	
					Part I	— Тах	Return I	nforn	nation				'				
<b>1.</b> Tota	al Income	from your fed	deral	return (see	e instr	uctions	s for more	infori	mation)		1	\$				2173	1
	able Incor more infor	me (or allowa mation)	ble d	eduction)	from y	your fed	deral retur	n (se	e instru	ictions	2	\$				878	1
<b>3.</b> Col	orado Tax	from your Co	olora <sup>,</sup>	do return (	see ir	nstructio	ons for mo	ore inf	formation	on)	3	\$				38	5
	orado Tax nore infori	Withheld or I	Payn	nents, from	n your	Colora	ado return	(see	instruc	tions	4	\$				98	2
		,		Р	art II	— Dec	laration	of Tax	Payer	•		1.7					
Federal/0	Colorado incor and that I (or	jury, I declare that me tax returns, and my Electronic Retu	l that sa ırn Oriç	aid tax returns, ginator (ERO) i	stateme	ents, sched able) may	dules and atta be required t	chments o provid	s are true, e paper c	correct, a opies of t	and co this de	mplete to eclaration,	the be my re	est of my eturns, v	knowl vithhold	edge and be ling stateme	elief.
schedule Signatu		ments upon reques	t by the	e Colorado Dep	partment	t of Reven	ue at any time	e during	the period	d covered		e Colorad e (MM/DD/\		ute of lin	nitation	S.	
Olgridio											Date	S (WIIWI/DD/	,				
Spouse	's Signature	e (If Joint Return,	Both	Must Sign)							Date	e (MM/DD/	γγ) <b>I</b>				
- 0,0000	o o griataro	· ( σσ τσ.α,										(	,				
				Part III —	Decla	aration	of ERO/	Prepa	rer/Tra	nsmit	ter						
	If the tran	nsmitter did no															
If I am no	at the prepare	r I doolare only the	t the e	mounto chown	in Dort	Labova a	aree with the	omount	o o bourn o	n the toy	novor!	o Endoral	Color	ada ina	mo to	roturno If I	om
the prepa taxpayer correct, a have pro- of limitation Revenue	arer, under per and the amou and complete vided the taxp ons, and to pr at any time d	r, I declare only than nalties of perjury I d ints shown in Part I to the best of my knayer with copies of rovide paper copies uring this period.	leclare above nowled f all for	that I have revi agree with the ge and belief. I ms and informa	iewed the amount As preparation file	e above to s shown o arer, I furtl ed. I also a	axpayer's Fed on said tax retu her declare th agree to maint	eral/Col irns, and at I have ain this	orado inco d that said e obtained signed Fo hedules a	ome tax re tax return I the taxp orm (DR 8 nd attach	eturns ns, sta ayer's 3454) iments	and that to tements, so signature for the per soupon req	the infesched con the riod co juest b	ormation ules, and his form overed to by the C	n provious d attack at the t by the C olorado	led to me by nments are t ime of filing Colorado sta o Departmer	the rue, and tute
ERO's	Signature								Prepare	er Identif	ficatio	n Numb	er, Yo	our SSN	۱, or ۱۱	IN	
	Oh a s	ok if alaa Dese	ore-	77					Date (M	M/DD/YY)							
	Cned	k if also Prep	arer	X					04/1	9/23							





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		If checked and claiming a refund, you must the DR 0102 and death certificate with your							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			•	•								
<ul> <li>You give permission for for Health Colorado (the</li> </ul>												nect
									Rour	nd To The	Nearest I	Dollar
1. Enter Federal Taxable Inco	come ta	ax forn	n:		_				8783			
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												
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



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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	
	on addback (see instruction				0.0
	capture Prior Year - Non-qu				
Contribution (see	instructions)	• 5			0.0
6 Other Additions	explain (see instructions)	• 6			0.0
Explain:	explain (dde met deterle)	-			0 0
		_		8781	0.6
7. Subtotal, sum of		Colorado Subtractiono			0 0
8 Subtractions from		Colorado Subtractions , line 22, you must submit the	<u> </u>		
	edule with your return.	, line 22, you must submit the			0.0
DIT O TO THE SOIL	dale with your retain.			0.7.01	
9. Colorado Taxable	e Income, subtract line 8 fro	m line 7 • 9		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.	• 1	0		0.0
		MT line 8, you must submit the	4		0.0
DR 0104AMT wit	n your return.	• 1	1		0.0
12. Recapture of pric	or vear credits	• 1	2		0.0
	, , , , , , , , , , , , , , , , , , ,		_	385	
13. Subtotal, sum of		1		383	0.0
		line 48, the sum of lines 14, 15, and 16	1		
		DR 0104CR with your return. • 1	4		0.0
		used – as calculated, or from the			
		d 16 cannot exceed line 13, you must	_		0.0
	366 with your return.	• 1 he sum of lines 14, 15, and 16 cannot	<b>5</b>		00
	ou must submit the DR 133		6		0.0
,				385	
17. Net Income Tax,	sum of lines 14, 15, and 16	Subtract that sum from line 13. 1	7	300	0.0
		lle line 7, you must submit the			
DR 0104US with	your return.	<u> </u>	8		0.0
10 Not Colorado Tax	cours of lines 17 and 19	1	0	385	0 0
	k, sum of lines 17 and 18 Withheld from W-2s and 109	99s, you must submit the W-2s and/or	9		
	Colorado withholding with yo		0	982	0.0
10000 oldining C	olorado maniolanig mai ye				
21. Prior-year Estima	nted Tax Carryforward	• 2	1		0.0
		ne quarterly payments remitted for			
this tax year		• 2	2		0.0
23. Extension Payme	ent remitted with the DR 015	58-I • <b>2</b>	3		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 \$600 \$416 \$468 \$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		0 0							
39. Delinquent Payment Penalty (see instructions	• 39		0 0							
<b>40.</b> Delinquent Payment Interest (see instructions	• 40		0 0							
<b>41.</b> Estimated Tax Penalty, you must submit the D (see instructions)	OR 0204 with your return.  • 41		0 0							
42. Amount You Owe, sum of lines 38 through 41  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.