#### 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	ver's name	Social security n	umber					
SIV	YANNARAYANA DOKKU	736-79-1	736-79-1240					
Spouse	o's name	Spouse's social	security number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er 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	'	1 100,831.					
2	Total tax		<b>2</b> 14,950.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 19,623.					
4	Amount you want refunded to you		4 4,673.					
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 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

	1 ddthohze		ERO firm nai		Ente	е
X	Lauthoriza	GLOBAL TA	XES LLC	to enter or generate my PIN	9	L

Ent	er fiv	as my			
9	1	2	4	0	
	9 Ente	9 1 Enter fiv	9 1 2 Enter five di	9 1 2 4 Enter five digits,	9 1 2 4 0 Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

D. Sivannargana

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

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date > 02/05/2023

		as my
er fiv n't er		

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	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 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 Date								
ERO Must Retain This Don't Submit This Form to the								
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)					

<b>1040</b>		rtment of the Treasury—Internal Revenue Servi <b>5. Individual Income Tax</b>		m 20	22	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple in this space.
Check only			_	d filing separatel	,			, , , , , , , , , , , , , , , , , , ,	spou	lifying surviving use (QSS)
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If yo	u check	the HOH or	QSS	box, enter tr	ie child's	name if the qualifying
Your first name	and mi	ddle initial	Last nam	ie					Your so	cial security number
SIVANNAR	AYAI	JA	DOKKU	J					736-	79-1240
lf joint return, sp	ouse's	first name and middle initial	Last nam	ie					Spouse'	s social security number
Home address (	numbe	r and street). If you have a P.O. box, see	instructior	ns.			A	Apt. no.		ntial Election Campaigr
<u>101 HYDE</u>										here if you, or your if filing jointly, want \$3
	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta		ZIP c		to go to	this fund. Checking a
CARY Foreign country	name		Fc	preign province/sta	N( ate/coun	-	275 Foreid	n postal code	1	ow will not change or refund.
i orongin oo ana y	ilaine			orongin protinico, etc		.,		,	,	You Spouse
Digital		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-			Yes X No
Assets Standard		eone can claim:  You as a de	-			a dependent	a5501)		10115.)	
Deduction	_	Spouse itemizes on a separate return		· ·		•				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents	s (see	instructions):		(2) Social secu	urity	(3) Relationsh	ip (4			fies for (see instructions):
lf more	<b>(1)</b> Fi	) First name Last name		number		to you		Child tax c	redit	Credit for other dependents
than four dependents,										
see instructions										
and check										
here 🗌	4 -			· · · · · · · · · · · · · · · · · · ·						
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	•	,					. 1a . 1b	,
Attach Form(s)	c	Tip income not reported on line 1a					• •		. 10 . 10	
W-2 here. Also	d	Medicaid waiver payments not rep					• •		. 10	
attach Forms W-2G and	e	Taxable dependent care benefits f							. 1e	
1099-R if tax	f	I axable dependent care benefits from Form 2441, line 26							. 1f	
was withheld.	g	Wages from Form 8919, line 6.		-					. 1g	
If you did not get a Form	h	Other earned income (see instructi							. 1h	-
W-2, see	i	Nontaxable combat pay election (s	,			1i				
instructions.	z	Add lines to through th							. 1z	111,801.
Attach Sch. B	2a		2a			axable interest			. 2b	
if required.	3a	Qualified dividends	3a		bC	Ordinary divider	nds .		. 3b	
	4a	IRA distributions	4a			axable amount			. 4b	
Standard	5a	Pensions and annuities	5a		bΤ	axable amount	t		. 5b	
Deduction for-	6a	Social security benefits	6a		bΤ	axable amount	t		. 6b	
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection m	ethod, check he	ere (see	instructions)		[		
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if r	required. If not r	equired	, check here		[	7	
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10 .						. 8	-10,970.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total</b>	incom	<b>e</b>			. 9	100,831.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, lir	ne 26					. 10	
Head of	11	Subtract line 10 from line 9. This is	s your <b>ad</b> j	justed gross in	come				. 11	100,831.
household, \$19,400	12	Standard deduction or itemized	deductio	ons (from Sched	ule A)				. 12	
<ul> <li>If you checked</li> </ul>	13	Qualified business income deduction	ion from l	Form 8995 or Fo	orm 899	95-A			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	, enter -0 This i	is your	taxable incom	е.		. 15	87,881.
)										

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	14	,950.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	14	,950.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14	,950.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	14	,950.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25a</b> 1	9,623.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	19	,623.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31		7		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. These are your total payments							19	,623.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							4	,673.
neiuna	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	4	,673.
Direct deposit?	b	Routing number         0         2         1         2         0         3         3         9         c Type:         X Checking         Savings								
See instructions.	d	Account number 3 8 1 0 4 7 5 4 3 4 5 6 6								
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe						
You Owe		For details on how to pay, go	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	' See				
Designee	ins	tructions				🗌 Yes. 🤇	Complete	below.	X No	
	De: nar	signee's		Phone no.			sonal identi 1ber (PIN)	fication		
<u></u>										
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation			• •	nt you an Ide	0
				Duto			Prot	ection P	IN, enter it h	
Joint return?					DOT NET D	EVELOPER	(see	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	lion			nt your spou	
your records.								inst.)	ection PIN, e	
	Dh	200 00 (620) 704 200	0	Email addross		DORKIIGOMATI		- /		
		one no. (620) 704-2998 parer's name	8 Preparer's signat	Email address	SI VANNAKA I ANA	DOKKU@GMAIL.C			Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 0				P0208	2702		mployed
Preparer				NAM SAGAK	GUFIA IALLAM	102/03/2023				
Use Only		n's name GLOBAL TAX n's address 245 ROONES		INGMITOR N	J 08816				<u>(678) 965</u>	
	- In	n'saddress 245 ROONEY	і сі в вки		1 10010		i Firm	i's EIN	88-/1	L45487

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2022

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR SIVANNARAYANA DOKKII

SIVA	NNARAYANA DOKKU		736-79	-124	0
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. Atta	ach Schedule	ε.	5	-10,970.
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			
ο	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	<b>8s</b> (	)		
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	, or 1040-NR	, line 8	10	-10,970.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		So	hedule	1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
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 SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	•				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	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				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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)	24h				
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	24i				
j	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
Z	Other adjustments. List type and amount:					
•-		24z			-	
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	01/28/23 P	RO	Schedu	ile 1 (Form 1040) 2022

	DULE E		ome a	OMB No. 1545-0074								
(Form	1040)	(From r	ental real estate, r	oyalties, partnersl	hips, S	corpora	tions, es	states,	trusts, REMIC	s, etc.)	20	)99
	ent of the Treasury Revenue Service			ach to Form 1040, gov/ScheduleE for					nformation.		Attachm Sequen	nent ce No. <b>13</b>
Name(s)	shown on return									Your soci	al security	
SIVA	NNARAYANA	DOKKU								736-7	9-1240	
Part		or Los	s From Rental	Real Estate an	d Ro	yalties						
	Note: If yo	ou are in t	he business of renti ss from <b>Form 4835</b>	ng personal proper	ty, use	Schedu	le C. See	e instru	ctions. If you a	re an indiv	vidual, rep	ort farm
Α			ents in 2022 that v		to file	Form(s)	10992 9	See in	structions			s X No
			ou file required Fe									
			ach property (stre									
1a						,						
	D.NO: 2-1	-10 NE	AR BY REGIS	TER OFFICE,	PONN	NUR GU	NTUR,	ANDH	RA PRADES	H IN S	522124	
<u>C</u>								-				
1b	Type of Prope (from list below			real estate prope ne number of fair				Fa	air Rental Days	Person	ial Use	QJV
Α	3	,	personal use da	ays. Check the Q	JV bo>	k only	Α		365		0	
B				requirements to f			B				0	
С			qualified joint ve	enture. See instru	ictions	6.	C					
Туре	of Property:						_		I			
	Single Family R	esidence	e 3 Vacation	/Short-Term Ren	tal	5 Lan	d	7	Self-Rental			
	Multi-Family Re		4 Commer	cial		6 Roy	alties	8	Other (descr	ibe)		
						-			Propertie			
Incom							Α		B	<i>.</i>		С
3		4			3			/18.				•
4					4							
Exper												
5					5							
6			structions)		6							
7			ance		7		1,9	928.				
8	Commissions				8							
9					9							
10	Legal and othe	er profes	sional fees		10							
11	Management f	fees			11		2,5	589.				
12			to banks, etc. (se	,	12							
13	Other interest				13							
14	Repairs				14			557.				
15					15		2,1	.98.				
16					16			1.0				
17					17		2,3	816.				
18 19	•	expense	or depletion		18 19							
20	Other (list)		nes 5 through 19		20		11,6	200				
20	•		ne 3 (rents) and/o		20		, C	.000				
21			istructions to find									
					21		-10,9	970.				
22			estate loss after l									
			tructions)		22	(	10,9	70.)	(	)	(	)
23a	Total of all am	ounts re	ported on line 3 fo	or all rental prope	rties			23a		718.		
b	Total of all am	ounts re	ported on line 4 fo	or all royalty prop	erties			23b				
С			ported on line 12					23c				
d			ported on line 18					23d				
е			ported on line 20					23e	11	,688.		
24		•	amounts shown of							. 24		
25			ses from line 21 a								( :	10,970.)
26			te and royalty in									
			, and line 40 on ), line 5. Otherwis									_10 070
Fer D.			lotice, see the sep				PA	1118 41	-10,970	26		-10,970.
rur Pa	Del WOLK REQUCT	ιση αςτ Ν	IULICE, SEE LITE SED	arate mistructions.		τN				<ul> <li>Sc</li> </ul>	nequie E (F	orm 1040) 2022

SCHEDULE E



DR 8454 (11/07/22) 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 Colorado Department of Revenue. <b>Retain with your recor</b>			For Tax Year (MM/DD/YY)			or Fiscal Year beginning (MM/DD/YY)								
		ecords	12/31/22											
Тах Тур	De													
X	Individual Income (DR 0104)		Corporate I (DR 0112)	ncome		rtnersh R 0106		orp Inc	come	e [		iciary 010	/ Incon 5)	ne
Тахрау	er Last Name or Business N	lame		First Na	ame or Bus	iness DI	BA if diff	erent fro	m Bu	siness Na	ame		Midd	lle Initial
DOKK	U			SIVA	NNARAYA	ANA								
Spouse	e's Last Name (if applicable)	)		First Na	ame								Midd	lle Initial
Тахрау	er SSN or ITIN			Spouse	SSN or ITI	N (if app	licable)				FEIN			
736-	79-1240													
Тахрау	er or Business Address					City					Stat	e ZI		
101	HYDE PARK CT					CAI	RY				NC	2	7513	
			Par	t I — Tax	x Return	Inform	nation			1				
<b>1</b> . Tota	al Income from your fee	deral r	eturn (see in	struction	s for mor	e infor	mation	)	1	\$			10	0831
2 Taxable Income (or allowable deduction) from your federal return (see instructions							7881							
3. Colorado Tax from your Colorado return (see instructions for more information) 3							3867							
<ol> <li>Colorado Tax Withheld or Payments, from your Colorado return (see instruction or more information)</li> </ol>					ctions	4	\$				4903			
					claration									
Federal/C	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.													
Signatu										e (MM/DD/Y		innitati	0110.	
Spouse	's Signature (If Joint Return	, Both M	/ust Sign)						Date	e (MM/DD/Y	Y)			
		P	Part III — De	claratior	n of ERO	/Prepa	arer/Tra	ansmit	ter					
If the transmitter did not prepare the tax return, check here														
the prepa taxpayer correct, a have prov of limitation	t the preparer, I declare only the rer, under penalties of perjury I of and the amounts shown in Part I nd complete to the best of my k vided the taxpayer with copies of ons, and to provide paper copie at any time during this period.	declare th l above a nowledg of all form	nat I have reviewe gree with the amo e and belief. As p is and information	d the above unts shown reparer, I fur filed. I also	taxpayer's Fe on said tax re ther declare agree to ma	ederal/Co eturns, an that I hav intain this	lorado inc d that said e obtaine signed F	come tax r d tax return d the taxp orm (DR 8	eturns ns, sta ayer's 8454)	and that th tements, s signature for the peri	he informa chedules, on this for iod covere	tion pro and att m at th d by th	vided to r achments e time of e Colorad	me by the s are true, filing and do statute
	Signature						Prepar	er Identi	ficatio	on Numbe	er, Your S	SN, or	ITIN	
SYAM	PRIYA RAM SAGAR	GUPI	'A TALLAM				P020	82703	3					
							Date (r	MM/DD/YY)						
	Check if also Prep	barer	Х				02/0	)5/23						





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# 2022 Colorado Individual Income Tax Return

	r or Nonresident (o dent combinatior			010	)4PN		c if Abroa	ad on due d ons	ate –	
Your Last Name		<i>`</i>	Your First Na	_					Middl	e Initial
DOKKU	SIVANNARAYANA									
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceased							
07/17/1990 736-79-1240			If checked and claiming a refund, you must includ the DR 0102 and death certificate with your return							
Enter the following information from your current driver license or state identification card.			State of Issue		Last 4	characters of I	D number	Date of Issua	nce	
			NC 4220					01/03/23		
If Joint, Spouse's Last Name			Spouse's Firs	t Nan	ne				Middle	e Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or I	TIN	Deceased							
					the DI	R 0102 and	death ce	refund, you ertificate with	your r	
Enter the following information	n from vour spous	se's	State of Issue		Last 4	characters of I	D number	Date of Issua	nce	
current driver license or state	identification car	d.								
Mailing Address	Mailing Address						Pho	ne Number		
101 HYDE PARK CT							(6	20)704-29	98	
City			State	e ZI	P Code		Foreign	Country (if app	licable)	
CARY			NC		27513					
To see if you or members	s of your househ	old qual	lify for free of	or re	duced-	cost health	coverag	e, check this	s box if	:
	You are a Colorado resident and at least one person in your household does not have health coverage									
<ul> <li>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 &amp; Financing.</li> </ul>										
							R	ound To The I	learest	Dollar
1. Enter Federal Taxable Inco 1040, 1040 SR, or 1040 SR	deral inc	come tax fo	rm:		• 1			8788	1 00	
Include W-2s and 1099s with 0	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,							0.0			
1040 SR, or 1040 SP schedule A, line 5a (see instructions)       • 2       00										
3. Qualified Business Income Deduction Addback (see instructions)   • 3								0 0		



220104	21555	Page 2 01 4			
Name				SSN or ITIN	
SIVANNARAYANA	DOKKII			736-79-1240	
01 111111111111111111				100 10 1210	
	ction addback (see instruction		4		0
	Recapture Prior Year - Non-q		_		
Contribution (s	ee instructions)	•	5		0
	· · · · · · · ·				
6. Other Addition: Explain:	s, explain (see instructions)	•	6		0
лріані.					
					Т
7 Subtotal sum	of lines 1 through 6		7	87881	0
		Colorado Subtractions			
8. Subtractions fr	om the DR 0104AD Schedule	e, line 22, you must submit the			
	hedule with your return.		8		0
Bitterie in the etc			•		Ť
9. Colorado Taxa	ble Income, subtract line 8 fro	om line 7	9	87881	0
		Book for full-year tax table and par		0104PN Schedule	1-
		PN line 36, you must submit the			
	th your return if applicable.		10	3867	0
		AMT line 8, you must submit the			
	with your return.		11		0
12. Recapture of p	rior year credits	•	12		0
• •				3867	
13. Subtotal, sum	of lines 10 through 12		13	5007	0
14. Nonrefundable	Credits from the DR 0104CF	R line 48, the sum of lines 14, 15, and	16		
cannot exceed	line 13, you must submit the	DR 0104CR with your return.	14		0
5. Total Nonrefun	dable Enterprise Zone credits	s used – as calculated, or from the			
DR 1366 line 8	5, the sum of lines 14, 15, an	d 16 cannot exceed line 13, you must			
	1366 with your return.		15		0
		the sum of lines 14, 15, and 16 cannot	t		
exceed line 13	, you must submit the DR 133	0 with your return.	16		0
				3867	
		. Subtract that sum from line 13.	17		0
		ule line 7, you must submit the			
DR 0104US wi	th your return.	•	18		0
			10	3867	
	Tax, sum of lines 17 and 18		19		0
		99s, you must submit the W-2s and/o		4903	
TU995 claiming	g Colorado withholding with ye	our return.	20		0
<b>1</b> Drion voor Esti-	motod Tox Corruforward		24		0
	mated Tax Carryforward		21		0
	Payments, enter the sum of t	he quarterly payments remitted for	22		
this tax year		•	22		0
		50.1	00		
3. Extension Pay	ment remitted with the DR 01	58-I •	23		C

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Name					SSN or I	TIN		
SIVANNARAYANA DOKKU 736-79-1240								
<b>24.</b> Other Prepayments: O • DR 0104BEP O • DR 0108 O • DR 1079 • <b>24</b>								
25. Gross Conservation the DR 1305G with		it from the DR 13	305G line 33, yo	u must submit • <b>25</b>			00	
26. Innovative Motor Ve	26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return.       0       0							
20       20       0         27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return.       • 27       0								
28. Subtotal, sum of lin	es 20 through 27			28		4903	00	
		Modified	AGI for TABOI					
Lines 30 through 3		o calculate your	TABOR Credit,	they do not affec	t your Colorado	tax liability.		
29. Federal Adjusted G 1040 SR line 11, or		n your federal inc	come tax form: 1	040 line 11, • <b>29</b>		100831	00	
30. Nontaxable Social	Security Income			• 30			00	
31. Nontaxable interest	income from sta	te and local bon	ds	• 31			00	
32. Sum of lines 29 three	ough 31: Modified	AGI for TABOR		32		100831	00	
		lified AGI Tiers						
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	-	
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	\$486		
Joint Filers Enter	Joint Filers Enter         \$306         \$416         \$468         \$570         \$600         \$972							
<ul> <li>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.</li> </ul>								
<b>34.</b> Sum of lines 28 and	1 33			34		5137	00	
<b>35.</b> Overpayment, if line		an line 10 then e	ubtraat lina 10 fr			1270	00	
							00	
36. Estimated Tax Cred	all Carrylor ward to	o 2023 Ilist qual	ter, il 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	e 36 from line 35	(see instruction	s)	• 37		1270	00	
Direct Routing Nu	mber 0 2 1 2	2 0 0 3 3 9	) Type: X	Checking	Savings	CollegeInvest 5	29	
Deposit Account Nu								
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.								

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Name			SSN or ITIN	
SIVANNARAYANA DOKKU			736-79-1240	)
<b>38.</b> Net Tax Due, subtract line 34 from line 19	38			0 0
39. Delinquent Payment Penalty (see instruction	s) • 39			0 0
<ul><li>40. Delinquent Payment Interest (see instruction</li><li>41. Estimated Tax Penalty, you must submit the</li></ul>				0 0
(see instructions)	• 41			0 0
42. Amount You Owe, sum of lines 38 through 4	1 • <b>42</b>			
The State may convert your check to a one-time electronic l by the State. If converted, your check will not be returned. If Revenue may collect the payment amount directly from you	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	ollowing:	
Designee's Name		Phone N	lumber	
•		•		
Sign Below Under penalties of perjury, I declare that to the	ne 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 Pre	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 01/11/23 PRO

### File and pay at: Colorado.gov/RevenueOnline

If you are filing this return <b>with</b> a check or payment, please mail the return to:	If you are filing this return <b>without</b> a check or payment, please mail the return to:				
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 <b>6</b>	COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 <b>5</b>				
These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.					