

238454 11555

DR 8454 (09/28/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax. Colorado.gov
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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				For Tax Year (MM/DD/YY)				or Fiscal Year beginning (MM/DD/YY				
Depar	tment of Revenue. I	Retain with your	r records.	12/31/	23							
Tax Ty	ре											
Σ	Individual Income (DR 0104)	Corporate (DR 0112			nership 0106)	/S-Corp Ind	come)		Fiduc (DR 0		ncome
Taxpay	er Last Name or Business	Name	First Na	me or Busine	ess DBA	f different fro	m Bu	siness N	ame			Middle Initia
NAII	NAIR REMYA SOMASUNDARAN											
Spous	e's Last Name (if applicable	e)	First Na	me								Middle Initia
NAII	5		мрі	DIPIN								
Тахрау	rer SSN or ITIN		Spouse S	SSN or ITIN	(if applica	ble)			FE	IN		
826-	-67-5269		839-5	53-4927								
Taxpa	yer or Business Address				City					State	ZIP	
1198	34 BLAKEFORD ST				PARK	RKER				CO	80	134
		Р	art I — Tax	Return Ir	nforma	tion						
1. Tota	al Income from vour fe	ederal return (see	instructions	s for more	informa	ition)	1	\$				273035
 Total Income from your federal return (see instructions for more information) Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 						\$				245335		
	orado Tax from your (3	\$				10795
	orado Tax Withheld o nore information)	r Payments, from	your Colora	ado return	(see in	structions	4	\$				11219
<u> </u>	noro imornidacii)	Pa	art II — Dec	laration o	of Tax P	ayer		ļΨ				
Federal/ I unders	enalties of perjury, I declare th Colorado income tax returns, a tand that I (or my Electronic Ro es, and attachments upon requi	nd that said tax returns, st eturn Originator (ERO) if a	tatements, sched applicable) may	dules and attac be required to	chments ar o provide p	e true, correct, aper copies of	and co	mplete to eclaration,	the bomy re	est of my eturns, v	y knowl vithholo	ledge and belief ding statements
Signati		est by the colorado bepa	artificiti di reven	ide at any time	during the	period covere		(MM/DD/	_	ute or in	mation	
Spouse	e's Signature (If Joint Retur	n, Both Must Sign)					Date	(MM/DD/	YY)			
									•			
		Part III — D	Declaration	of ERO/F	repare	r/Transmi	tter					
	If the transmitter did	not prepare the ta	ax return, ch	neck here								
the preparate taxpayer correct, a have proof limitat	ot the preparer, I declare only the arer, under penalties of perjury and the amounts shown in Parand complete to the best of my ovided the taxpayer with copies ions, and to provide paper cope at any time during this period.	I declare that I have revier t I above agree with the ar k knowledge and belief. As s of all forms and informaties of this declaration, sai	ewed the above to amounts shown o s preparer, I furth tion filed. I also a	axpayer's Feden said tax reture the declare that agree to maintage.	eral/Colora rns, and tha at I have ol ain this sig	do income tax at said tax retur otained the tax ned Form (DR	returns rns, sta payer's 8454)	and that t tements, s signature for the per	he int sched on the	formation lules, an his form overed l	n provion d attacl at the to by the 0	ded to me by the hments are true time of filing and Colorado statute
ERO's	Signature				P	reparer Ident	ificatio	n Numbe	er, Yo	our SSI	۱, or آا	ΓIN
SYAN	1 PRIYA RAM SAGAI	R GUPTA			I	P02082703						
	a					Date (MM/DD/YY)						
Check if also Preparer X				C	04/05/24							





DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
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(0013)

2023 Colorado Individual Income Tax Return

	r or Nonresident (or reside dent combination) *Mus) 104	4PN	Mark see i			nd on due da ons	nte –
Your Last Name	Your Fi	rst Nam	е						Middle Initial	
NAIR			REMYA SOMASUNDARAN							
Date of Birth (MM/DD/YYYY)	ate of Birth (MM/DD/YYYY) SSN or ITIN				Deceased					
05/28/1989	If checked and claiming a refund, you must include the DR 0102 and death certificate with your return							your return.		
Enter the following information from your current driver license or state identification card.			State of Issue Last 4 characters of II			D number Date of Issuand			ce	
			CA 7343			11/23/19)	
If Joint, Spouse's Last Name		Spouse	's First I	Name	е				Middle Initial	
NAIR			M P DIPIN							
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased					_			
08/25/1987	839-53-4927								refund, you i rtificate with	
Enter the following information	n from vour snouse's	State of Issue Last 4 characters of ID) nur	number Date of Issuance				
Enter the following information from your spouse's current driver license or state identification card.			CO 4284			05/19/21			-	
Mailing Address							Phon	ne Number		
11984 BLAKEFORD ST							(21	L4)334-63	60	
City			State	ZIF	Code		Fore	eign C	Country (if appli	cable)
PARKER			CO	80	0134					
To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:										
You are a Colorado resident and at least one person in your household does not have health coverage 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. 										
Round To The Nearest Dollar										
1. Enter Federal Taxable Income from your federal income tax form:								2	245335	
1040, 1040 SR, or 1040 SP • 1 0 Include W-2s and 1099s with CO withholding.								0.0		
Additions to Federal Taxable Income										
2. State and Local Income taxes or general sales taxes claimed on federal form 1040,										
Schedule A. (see instruction						• 2				0.0
3. Qualified Business Income	Deduction Addback (se	ee instru	<u>ucti</u> ons	s)_		• 3				0.0



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COLORADO DEPARTMENT OF REVENUE
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30104 21555 COLORADO DEPARTMENT OF REV

<u> 230104</u>	21555	Fage 2 01 4				
Name				SSN or ITIN		
REMYA SOMASUNI	DARAN & M P DIPIN N	JAIR		826-67-5269		
					Τ	
	ion addback (see instruc		• 4		0.0	
5. Nonqualified CollegeInvest Tuition Savings Account distributions						
(see instructions) • 5						
					0.0	
6. Nonqualified Colorado ABLE Account distributions (see instructions) 6						
7. Other Additions, explain (see instructions) • 7						
Explain:	, explain (see instruction	5)	• 1		0 0	
8. Subtotal, sum o	f lines 1 through 7		8	245335	0.0	
or captotal, call o	i iii oo i an oogii i	Colorado Subtractions			10 0	
9. Subtractions fro	m the DR 0104AD Sche	dule, line 23, you must submit the		^		
DR 0104AD sch	nedule with your return.		• 9	0	0.0	
				245335		
	le Income, subtract line		• 10		0 0	
		104 Book for full-year tax table and	part-year D	R 0104PN Schedule		
		104PN line 36, you must submit the	- 11	10795	0 0	
	n your return if applicable	04AMT line 8, you must submit the	• 11		00	
DR 0104AMT w		1047AWT lifte o, you must submit the	• 12		0 0	
BICOTO IX CIVIT W	iti your rotarn.		<u> </u>			
13. Recapture of pr	ior year credits		• 13		0.0	
	•			10795		
	f lines 11 through 13		14	10/95	0 0	
		4CR line 54, the sum of lines 15, 16, a				
		the DR 0104CR with your return.	• 15		0.0	
		edits used – as calculated, or from the				
		, and 17 cannot exceed line 14, you m	I	0	0.0	
	366 with your return.	30, the sum of lines 15, 16, and 17 car	• 16		0.0	
	you must submit the DR		• 17		0 0	
exceed line 14,	you must submit the DIX	1330 With your return.	• 17		00	
18. Net Income Tax	sum of lines 15, 16, and	d 17. Subtract that sum from line 14.	18	10795	0.0	
		hedule line 7, you must submit the				
DR 0104US with		, , ,	• 19		0.0	
	-			10705		
	ax, sum of lines 18 and 1		20	10795	0.0	
		I 1099s, you must submit the W-2s ar		11219		
1099s claiming	Colorado withholding with	h your return.	• 21		0.0	
00 Data	and Table On the State of the S		00			
	nated Tax Carryforward	of the guarterly neuments remitted for	• 22		0.0	
	rayments, enter the sum	of the quarterly payments remitted fo	i i		0 0	
this tax year			• 23		00	
24 Extension Payr	nent remitted with the DF	? 0158-I	• 24		0 0	
= TI EXCONSION AYII	TOTAL TOTALLOG WITH THE DI	(0 100 1	V 4-7		100	



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Name	SSN or ITIN
REMYA SOMASUNDARAN & M P DIPIN NAIR	826-67-5269
25. Other Prepayments:	0 0
26. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 26	0.0
 27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. 27 	0 00
28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return. • 28	0 0
29. Subtotal, sum of lines 21 through 28	11219 00
Modified AGI for TABOR	
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect	t your Colorado tax liability.
30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP ■ 30	273035 00
31. Nontaxable Social Security Income • 31	0 0
32. Nontaxable interest income from state and local bonds • 32	0 0
33. Sum of lines 30 through 32: Modified AGI for TABOR 33	273035 00
34. State Sales Tax Refund: For full-year Colorado residents, born before 2005, or full-year Colorado residents who are under the age of eighteen but are required	
to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension. • 34	0.0
35. Sum of lines 29 and 34 35	11219 00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35	424 00
37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. • 37	0.0
If you have an overpayment on line 38 below and would like to donate all or a portion of Colorado charity, include Form DR 0104CH to contribute.	your overpayment to a qualified
38. Refund, subtract line 37 from line 36 (see instructions) • 38	424 00
Direct Routing Number 1 2 1 0 0 0 3 5 8 Type: X Checking	Savings CollegeInvest 529
Deposit Account Number 3 2 5 0 9 5 6 6 4 4 5 3	
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInve	est.org or call 800-448-2424.



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Name			SSN or ITIN						
REMYA SOMASUNDARAN & M P DIPIN NAIR			826-67-5269						
39. Net Tax Due, subtract line 35 from line 20	39			0 0					
40. Delinquent Payment Penalty (see instructions)	• 40			0 0					
41. Delinquent Payment Interest (see instructions)	• 41			0 0					
42. Estimated Tax Penalty, you must submit the DR ((see instructions)	0204 with your return • 42			0 0					
43. Amount You Owe, sum of lines 39 through 42	• 43								
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.									
Thi	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 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		Paid Prep	parer's Phone						
GLOBAL TAXES LLC		(678)	965-9522						
Paid Preparer's Address Ci	ity	State	ZIP Code						
245 ROONEY CT	E BRUNSWICK	NJ	08816						

REV 01/22/24 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 80261-0005

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