E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

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

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		,	20	8	See sep	oarate ir	nstructions.	
Your first name	and m	niddle initial	Last na	ame					Y	our so	cial secu	urity number	
VIKRAM I	REDD	Y	MADI	DI						045	89	5103	
		s first name and middle initial	Last na									security numbe	
RAVALI	-		GUJJ	TA						987	99	3496	
	(numb	er and street). If you have a P.O. box, see					Ap	ot. no.				ction Campaigr	
3200 WES	зт с	OLFAX AVENUE					2	53	- 1	Check here if you, or your			
		ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP co		- 1	spouse if filing jointly, want \$			
DENVER					CC		8020	) 4	- 1	to go to this fund. Checking box below will not change			
Foreign country	y name	1		Foreign province/state/o	count	ty	Foreign	postal co	- 1		or refur	•	
											You	u 🗌 Spouse	
Filing Status	s [	Single				Head of ho	ouseho	ld (HOF	I)				
Check only	_	Married filing jointly (even if only or	ne had	income)									
one box.		Married filing separately (MFS)				☐ Qualifying	survivi	ng spou	ise (Q	SS)			
	lf :	you checked the MFS box, enter the	name o	of your spouse. If you	u che	ecked the HOH	l or QS	S box, e	enter t	the chi	ld's nar	ne if the	
	qι	ualifying person is a child but not you	ır deper	ndent:									
 Digital	Δt a	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navr	ment for prope	rty or s	ervices)	· or (h	ı) sell			
Assets		nange, or otherwise dispose of a digi									☐Ye	s 🛚 No	
Standard	Son	neone can claim: You as a de	penden	it	e as	a dependent							
Deduction	_	Spouse itemizes on a separate return	•			•							
				_						1050	П.		
		: Were born before January 2, 1	959 [	Are blind Spo →	ouse	: U Was bor			•			blind	
Dependent				(2) Social security	'	(3) Relationsh	ip (4)	Check to Child to			•	see instructions): r other dependents	
If more	(1) 1	First name Last name		number		to you		Cillia ta		all	Credit for		
than four dependents,													
see instruction	s												
and check here [	1 —							L				<del>-</del>	
-	10	Total amount from Form(s) W-2, bo	ov 1 (cc	o instructions)				L		1a		104,512.	
Income	1a b	Household employee wages not re	,	,						1b		104,312.	
Attach Form(s)		Tip income not reported on line 1a		• •						1c			
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep		•						1d			
W-2G and	e	Taxable dependent care benefits for			iiotiu	ictions)				1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene		•						1f			
If you did not	g g	Wages from Form 8919, line 6.								1g			
get a Form	h	Other earned income (see instructi					•			1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i i		•				
mondonone.	z	Add lines to through th								1z		104,512.	
Attach Sch. B		·	2a		b Ta	axable interest	· ·			2b		11.	
if required.	3a	· —	3a			ordinary divider				3b			
	4a	· -	4a			axable amount				4b			
Standard Deduction for—	5a		5a			axable amount				5b			
Single or	6a		6a			axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see	instructions)			. 🗆				
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ired.	, check here			. 🗆	7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line 1	0						8		-20,006.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	ome	e				9		84,517.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						10			
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne					11		84,517.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		27,700.	
any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13								14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our <b>t</b>	taxable incom	ie .	<u> </u>		15		56,817.	

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	6,379.
Credits	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	6,379.
	19	Child tax credit or credit for	other dependent	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	6,379.
	23	Other taxes, including self-e							23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	6,379.
<b>Payments</b>	25	Federal income tax withheld	from:				1			
	а	Form(s) W-2				25a	8	8,802.	·	
	b	Form(s) 1099				25b		3.		
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	8,805.
If you have a	26	2023 estimated tax payment		• •					26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31	•		-				32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	8,805.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	2,426.
	35a	Amount of line 34 you want			3 is attached, ch	eck here			35a	2,426.
Direct deposit?	b	Routing number 0 1 1			<b>c</b> Type:	X Chec	king 🗌	Savings		
See instructions.	d	Account number 4 6 6	0 0 2 6	9 0 0 !	5   2					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go				s			37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another structions	person to disc	cuss this retu	rn with the IRS	? See	Yes. C	omplete	below.	X No
Designee		signee's		Phone				onal ident		
		me		no.				ber (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and com								, ,
Hele	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?		$\bigvee\bigvee$			OA ENGINE	EER			e inst.)	iiv, enter it nere
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occup			If th	e IRS se	nt your spouse an
Keep a copy for your records.	·	K.F.	J							ection PIN, enter it here
	Ph	one no. (732)331-382	8	Email address	VIKRAM.MA	DDI6@G	MAIL.CO	OM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	м 02/	18/2024	P0208	32703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC					Pho	ne no. (	(678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firn	n's EIN	84-3171965

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VIKRAM REDDY MADDI & RAVALI GUJJA

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

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

Your social security number 045–89–5103

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. Att	ach Schedule E .	5	-20,006.
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		
0	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	8s (		
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. This is your <b>additional income</b> . Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-20,006.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
	, , , , , , , , , , , , , , , , , ,	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
_	· · · · · · · · · · · · · · · · · · ·	24c			
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		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> . Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, , , , , , , , , , , , , , , , , , , ,				

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

Name(s	shown on return								Your soc	ial security	number
VIKE	AM REDDY MAD	DI 8	RAVALI GUJJA						045-8	9-5103	
Part	Note: If you a	re in t	s From Rental Real Estate ar the business of renting personal prope as from Form 4835 on page 2, line 40.	rty, use		<b>c</b> . See	instru	ctions. If you	are an indi	vidual, rep	oort farm
Α [	Did you make any p	ayme	ents in 2023 that would require you	ı to file	Form(s)	1099? 5	See ins	tructions .		. \( \sum \) \( Y \)	es 🛛 No
B	f "Yes," did you or	will y	ou file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address	of e	ach property (street, city, state, ZI	P cod	e)						
A											
В											
С											
1b	Type of Property (from list below)	2	For each rental real estate properties above, report the number of fair				Fa	ir Rental Days		nal Use avs	QJV
Α	3	1	personal use days. Check the Q	JV bo	x only	Α		365		0	П
В		1	if you meet the requirements to			В					
С			qualified joint venture. See instru	uctions	S.	С					
Туре	of Property:	•							•		
	Single Family Resid Multi-Family Resid			ntal	5 Land 6 Roya			Self-Rental Other (desc	cribe)		
								Propert			
Incon	ne.					Α		В			С
3				3			20.				
4				4							
Exper											
5				5							
6	•		structions)	6							
7			ance	7		2,6	17.				
8	-			8							
9	Insurance			9							
10			sional fees	10							
11	Management fees	· .		11		2,5	00.				
12	Mortgage interest	paid	I to banks, etc. (see instructions)	12							
13	Other interest .			13							
14	Repairs			14		3,4	47.				
15	Supplies			15		4,0	18.				
16	Taxes			16							
17	Utilities			17			15.				
18		ense	or depletion	18		3,7	29.				
19	Other (list)			19							
20	•		nes 5 through 19	20		20,5	26.				
21	result is a (loss), s	see ir	ine 3 (rents) and/or 4 (royalties). If astructions to find out if you must	21		-20,0	06.				
22			estate loss after limitation, if any, tructions)	22	(	20,00	06.)	(	)	(	
23a	Total of all amoun	ts re	ported on line 3 for all rental prope	erties		•	23a		520.		
b	Total of all amoun	ts re	ported on line 4 for all royalty prop	erties			23b			-	
С	Total of all amoun	ts re	ported on line 12 for all properties				23c				
d	Total of all amoun	ts re	ported on line 18 for all properties				23d		3,729.		
е	Total of all amoun	its re	ported on line 20 for all properties				23e	2	526.		
24	Income. Add pos	itive	amounts shown on line 21. <b>Do no</b>	<b>t</b> inclu	ide any lo	sses			. 24		
25	Losses. Add royal	ty los	ses from line 21 and rental real estat	te loss	es from lin	e 22. E	nter to	tal losses he	re <b>25</b>	(	20,006.
26			te and royalty income or (loss). d IV, and line 40 on page 2 do no								

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-20,006.

26

### Form **8582**

**Passive Activity Loss Limitations** 

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

VIKI	RAM REDDY MADDI & RAVALI GU	UJJA			045	-89-	-5103
Pai							
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Prance for Rental Real Estate Activities	• •		ive participation, s	ee <b>Special</b>		
1a	Activities with net income (enter the a	mount from Part I	V, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (	20,006.)		
С	Prior years' unallowed losses (enter the	he amount from Pa	art IV, column (c))	1c (	)		
d	Combine lines 1a, 1b, and 1c					1d	-20,006.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo				)		
С	Prior years' unallowed losses (enter the				)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered	act any prior year on this form with you on line 1c or 2c. F	unallowed CRD. S ur return; all losse	See instructions. If es are allowed, inc	this line is cluding any		20.006
	normally used				[	3	-20,006.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II. loss (and line 1d is	or more) old	in Dort II and as to	lina 10		
Part I	on: If your filing status is married filing I. Instead, go to line 10.  **TII**  Special Allowance for Rei	ntal Real Estate	Activities With	Active Particip	ation	year,	do not complete
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		tions for an examp	oie.	4	20.006
4 5	Enter the <b>smaller</b> of the loss on line 1 Enter \$150,000. If married filing separ			5   1		4	20,006.
6	Enter modified adjusted gross income	-			04,523.		
U	<b>Note:</b> If line 6 is greater than or equal				.04,323.		
	on line 9. Otherwise, go to line 7.	r to into o, orap into	o r and o and one				
7	Subtract line 6 from line 5			7	45,477.		
8	Multiply line 7 by 50% (0.50). <b>Do not</b> e	nter more than \$25	,000. If married fili			8	22,739.
9	Enter the <b>smaller</b> of line 4 or line 8. If				+	9	20,006.
Par	t III Total Losses Allowed						•
10	Add the income, if any, on lines 1a an	nd 2a and enter the	e total			10	0.
11	Total losses allowed from all passiv		<b>23.</b> Add lines 9 ar	nd 10. See instruct	ions to find		
	out how to report the losses on your t					11	20,006.
Par	t IV Complete This Part Before	e Part I, Lines 1	<b>a, 1b, and 1c.</b> S	ee instructions.	Г		
	Name of activity		nt year	Prior years	Over	all ga	in or loss
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
		0.	20,006.				20,006.

20,006.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

Part V	Complete This Part Befor	e Pa	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instrud	tions.			· 		
	Name of activity		Curren	ıt year		Prior y	ears	Overa	ll ga	ain or loss		
	Marile of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss		
Total. Enter	on Part I, lines 2a, 2b, and 2c											
Part VI	Use This Part if an Amour	nt Is	Shown on F	art II,	<b>Line 9.</b> S	ee instruc	tions.					
	Name of activity	an to b	m or schedule d line number be reported on e instructions)	(a	) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).		
			E Ln 22		20,006.	1.0000	0000	20,00	6.	0.		
Total					20,006.	1.00	)	20,00	6.	0.		
Part VII	Allocation of Unallowed L	.oss	es. See instri				-					
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) l	_oss	(	(b) Ratio		<b>(b)</b> Ratio		) Unallowed loss
Total								1.00				
Part VIII	Allowed Losses. See instru				1				I			
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) l	_oss	<b>(b)</b> Ur	allowed loss	(	c) Allowed loss		
Total												



238454 11555 DR 8454 (09/28/23) 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 Colorado								or Fiscal Year beginning (MM/DD/YY)				
Depar	tment of Revenue. <b>Retain with your r</b>	ecords.	12/31/	23								
Tax Ty	ре											
X	Individual Income Corporate I (DR 0104) (DR 0112)	ncome		nershi 0106)	ip/S-Corp Ir )	ncome	)		Fiduc (DR 0		ncome	
Тахрау	er Last Name or Business Name	First Na	ıme or Busine	ess DB	A if different fr	rom Bu	siness N	ame			Middle Initia	
MADE	Ι	VIKR	AM REDDY									
Spous	e's Last Name (if applicable)	First Na	me								Middle Initia	
GUJJ	A	RAVA	LI									
Тахрау	er SSN or ITIN	Spouse	SSN or ITIN	(if appli	cable)			FE	IN			
045-	89-5103	987-9	99-3496									
Taxpay	ver or Business Address			City					State	ZIP		
3200	WEST COLFAX AVENUE APT 253			DEN	IVER				СО	802	204	
	Par	t I — Tax	Return Ir	nform	ation			I				
   <b>1</b> . Tota	al Income from your federal return (see in	struction	s for more	inforn	nation)	1	\$				84517	
2. Tax	able Income (or allowable deduction) fror more information)					ns <b>2</b>	\$				56817	
	orado Tax from your Colorado return (see					3	\$				2500	
	orado Tax Withheld or Payments, from yonnore information)	our Color	ado return	(see i	instructions		\$				4388	
	Part		claration o									
Federal/0 I underst	enalties of perjury, I declare that the information I have pro Colorado income tax returns, and that said tax returns, state and that I (or my Electronic Return Originator (ERO) if ap s, and attachments upon request by the Colorado Departn	ements, sche plicable) may	edules and attac be required to	chments provide	are true, correct e paper copies o	t, and co of this de	mplete to eclaration,	the b	est of my eturns, v	y knowle withhold	edge and belief ling statements	
Signatu			indo at any timo	- aag	and points dove.		(MM/DD/					
Spouse	s's Signature (If Joint Return, Both Must Sign)					Date	(MM/DD/	YY)				
	Part III — De	claration	of ERO/F	repa	rer/Transm	itter						
	If the transmitter did not prepare the tax	return, ch	neck here									
the prepa taxpayer correct, a have pro- of limitati	ot the preparer, I declare only that the amounts shown in Parer, under penalties of perjury I declare that I have reviewe and the amounts shown in Part I above agree with the amount and complete to the best of my knowledge and belief. As pivided the taxpayer with copies of all forms and information ons, and to provide paper copies of this declaration, said at any time during this period.	d the above to ounts shown of reparer, I furto offiled. I also	taxpayer's Fede on said tax retu ther declare that agree to mainta	eral/Colo rns, and at I have ain this s	orado income tax that said tax reto obtained the tax signed Form (DF	k returns urns, sta xpayer's R 8454)	and that to tements, so signature for the per	the intersection	formation dules, an his form covered b	n provid ad attach at the ti by the C	led to me by the nments are true me of filing and Colorado statute	
ERO's Signature Preparer Identification Number						er, Y	our SSI	N, or IT	IN			
SYAM PRIYA RAM SAGAR GUPTA TALLAM					P02082703							
	Ohankif also Description			ļ	Date (MM/DD/\	(Y)						
	Check if also Preparer X				02/18/24	1						





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### 2023 Colorado Individual Income Tax Return

	r or Nonresident (or reside dent combination) *Mus			0104	₽N	Mark see i			d on due da ns	ate –	
Your Last Name	,	Your Fi	rst Nam	е						Middle I	nitial
MADDI		VIKRAM REDDY									
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceas	sed							•	
06/02/1990	045-89-5103		If checked and claiming a refund, you the DR 0102 and death certificate with							your ret	
Enter the following information	n from your current	State o	of Issue		Last 4 o	characters of II	D num	nber	Date of Issuar	nce	
driver license or state identific		со			0685	5			01/17/2	1	
If Joint, Spouse's Last Name		Spouse	's First I	Name						Middle I	nitial
GUJJA		RAVA	ALI								
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceas	sed	<b>-</b> .							
05/15/1998	987-99-3496					cked and cla R 0102 and					
Enter the following information	n from vour enquee's	State o	of Issue		Last 4 o	characters of II	D num	nber	Date of Issuar	nce	
Enter the following information current driver license or state	identification card.										
Mailing Address								Phon	e Number		
3200 WEST COLFAX AVENU	JE APT 253							(73	2)331-38	28	
City			State	ZIP	Code		Fore	ign C	ountry (if appl	icable)	
DENVER			СО		204						
To see if you or members	s of your household qua	lify for	free or	redu	uced-	cost health	cove	rage	e, check this	box if:	
You are a Colorado re     AND		•	•								
You give permission for for Health Colorado (the	the Colorado Department Colorado Health Benefit										ect
· ·			<u> </u>						und To The N		llar
1. Enter Federal Taxable Inco		come t	ax forr	n:						56817	
1040, 1040 SR, or 1040 SF						• 1					00
Include W-2s and 1099s with 0	Additions to	Fodo:	al Tayr	-   -	lmaan						
2. State and Local Income tax											$\dashv$
Schedule A. (see instruction		oo olali		. 100	iorai i	• <b>2</b>					0 0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					<u> </u>					
3. Qualified Business Income	Deduction Addback (se	ee instr	<u>uctions</u>	s)		• 3					0 0



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Name		SSN or ITIN	
VIKRAM REDDY MADDI & RAVALI GUJJA		045-89-5103	
4. Federal Deduction addback (see instructions)	• 4		0 0
Nongualified CollegeInvest Tuition Savings Account distributions	<b>V T</b>		
(see instructions)	• 5		00
6. Nonqualified Colorado ABLE Account distributions (see instructions)	• 6		00
7. Other Additions, explain (see instructions)	• 7		0 0
Explain:			
O Cubtatal aura of lines of the said the said of		56817	
8. Subtotal, sum of lines 1 through 7  Colorado Subtractions	8		0 0
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the			$\top$
DR 0104AD schedule with your return.	• 9		0 0
Sit o to this deficació with your rotalin			
10. Colorado Taxable Income, subtract line 9 from line 8	• 10	56817	00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and	part-year [	OR 0104PN Schedule	
<b>11.</b> Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 11	2500	0 0
<b>12.</b> Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the			
DR 0104AMT with your return.	• 12		00
13. Recapture of prior year credits	• 13		0 0
14. Subtotal, sum of lines 11 through 13	14	2500	00
<b>15.</b> Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, a			
cannot exceed line 14, you must submit the DR 0104CR with your return.	• 15		0 0
<b>16.</b> Total Nonrefundable Enterprise Zone credits used – as calculated, or from the			
DR 1366 line 85, the sum of lines 15, 16, and 17 cannot exceed line 14, you m			
submit the DR 1366 with your return.	• 16		0 0
17. Strategic Capital Tax Credit from DR 1330, the sum of lines 15, 16, and 17 car			0.0
exceed line 14, you must submit the DR 1330 with your return.	• 17		00
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	18	2500	00
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the	1.0		
DR 0104US with your return.	• 19		00
		2500	
20. Net Colorado Tax, sum of lines 18 and 19	20	2500	00
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s an	i	4388	_
1099s claiming Colorado withholding with your return.	• 21		00
22. Prior-year Estimated Tax Carryforward	• 22		00
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for			00
this tax year	• 23		00
24. Extension Payment remitted with the DR 0158-I	• 24		1



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Name	SSN or ITIN
VIKRAM REDDY MADDI & RAVALI GUJJA	045-89-5103
<b>25.</b> Other Prepayments:	0.0
<b>26.</b> Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. ● <b>26</b>	0 0
<ul><li>27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return.</li><li>27</li></ul>	0 00
<ul><li>28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return.</li><li>28</li></ul>	00
29. Subtotal, sum of lines 21 through 28	4388 00
Modified AGI for TABOR	
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect	ct your Colorado tax liability.
<ul><li>30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP</li><li>30</li></ul>	84517 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	84517 00
This space is reserved for future use.	
<ul> <li>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.</li> <li>34</li> </ul>	1600
<b>35.</b> Sum of lines 29 and 34 <b>35</b>	5988 00
<b>36.</b> Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 <b>36</b>	3488 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	3488 00
Direct Routing Number 0 1 1 0 0 0 1 3 8 Type: X Checking	Savings CollegeInvest 529
Deposit Account Number 4 6 6 0 0 2 6 9 0 0 5 2	
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInv	est.org or call 800-448-2424.



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Name			SSN or ITIN		
VIKRAM REDDY MADDI & RAVALI GUJJA			045-8	39-5103	
<b>39.</b> 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		
<b>42.</b> Estimated Tax Penalty, you must submit the DR 0204 with your return (see instructions) • <b>42</b>					0 0
<b>43.</b> 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.					
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 Number			
•		•			
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct					
Your Signature			Date (M	IM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)		
		,			
Paid Preparer's Name Paid			reparer's Phone		
GLOBAL TAXES LLC (678			965-9522		
Paid Preparer's Address	City	State	ZIP Cod	е	
245 ROONEY CT	E BRUNSWICK	NJ	08816	5	

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.