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

2023

OMB No. 1545-0074 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	ding			, 20		See se	parate ins	tructions.
Your first name	and m	niddle initial	Last na	ame						Your so	cial secur	ity number
VIKRAM H	REDD	Υ	MADI	OI						045	89 5	5103
If joint return, s	pouse'	's first name and middle initial	Last na	ame						Spouse	's social se	curity number
RAVALI			GUJ	JA						987	99 3	3496
Home address	(numb	er and street). If you have a P.O. box, see	instruct	ions.			A	pt. no.		Preside	ntial Elect	ion Campaigr
3200 WES	ST C	OLFAX AVENUE						253			here if you	
City, town, or p	ost off	fice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP c	ode				ntly, want \$3 . Checking a
DENVER					CC)	802	04			low will not	
Foreign country	y name	•		Foreign province/state/	coun	ty	Foreig	n postal c	ode	your tax	x or refund	
		7 0						-1-1-(1101			You	Spouse
Filing Status		Single		:		☐ Head of ho	ousen	ola (HOF	⊣)			
Check only		Married filing jointly (even if only or	ne nad	income)		Ouglifying	oun in	ina ana	100 ((266)		
one box.	lt .		nama	of your apouga. If yo	u obe	Qualifying		• .		,	ild'a namı	a if the
		you checked the MFS box, enter the ualifying person is a child but not you			u Crie	ecked the non	1 OF Q	SS DUX,	enter	trie Cri	iiu s name	; II lile
Digital		ny time during 2023, did you: (a) rece hange, or otherwise dispose of a digi	•	•			•		, .	, ,	□Vaa	⊠ No
Assets				<u>_</u>			:() ? (3	e mstru	CLIOIT	5.)	∐ Yes	NO
Standard Deduction	_	neone can claim:	•	•		-						
		: Were born before January 2, 1	959	Are blind Spe	ouse	: U Was bor					ls b	
Dependent	•	•		(2) Social security	/	(3) Relationsh	ip (4	•			, ,	e instructions):
If more	(1) F	First name Last name		number		to you		Child t	ax cre	eait	Credit for o	ther dependents
than four dependents,								l	<u> </u>			<u> </u>
see instruction	s —							l	<u> </u>			
and check	, —							<u> </u>				
here L	10	Total amount from Form(s) W 2 h	ov 1 (or	 						10	1	04,512.
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	•	•						1a 1b		04,312.
Attach Form(s)	C	Tip income not reported on line 1a	•	` '						10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep		•						1d		
W-2G and	e	Taxable dependent care benefits for		()	110110					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	,	tructions)		1i	Ì					
	z	Add lines 1a through 1h								1z	_ 1	04,512.
Attach Sch. B	2a	·	2a		b T	axable interest	t.			2 b	,	11.
if required.	За	Qualified dividends	3a		b C	Ordinary divider	nds .			3b	,	
	4a	IRA distributions	4a		b T	axable amount	t			4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount	t			5b	,	
Single or	6a	Social security benefits	6a		b T	axable amount	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)			. \square			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not requ	uired	, check here			. \square	7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	10						8	_	20,006.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total in	come	e				9		84,517.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26						10	,	
Head of household,	11	Subtract line 10 from line 9. This is	s your a	idjusted gross inco	me					11	1	84,517.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)					12	2	27,700.
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	า 899	05-A				13	;	
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 f	taxable incom	ie .			15	ا ز	56,817.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	6,379.
Credits	17	Amount from Schedule 2, lin	ne3					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	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. 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 total tax					24	6,379.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	8,802.		
	b	Form(s) 1099				25b	3.	_	
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	8,805.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit fro	m Schedule 8812			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 ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	8,805.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,426.
	35a	Amount of line 34 you want			3 is attached, che	ck here	\square	35a	2,426.
Direct deposit?	b	Routing number 0 1 1			c Type:	Checking	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	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	•	,		38			
Third Party		you want to allow another							
Designee		,	•			_	Complete	below.	⋈ No
3		signee's me		Phone no.			sonal ident	ification	
Sign		der penalties of perjury, I declare t							, ,
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informa	tion of whic	h prepar	er has any knowledge.
11010	Yo	ur signature		Date	Your occupation				nt you an Identity
						ПD		tection P e inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return,	hath must sign	Date	QA ENGINE Spouse's occupa				nt your spouse an
Keep a copy for your records.	Sμ	ouse's signature. If a joint return,	bout must sign.	Date	HOME MAKE		Ider		ection PIN, enter it here
	———Ph	one no. (732)331-382	8	Email address		DI6@GMAIL.C	OM		
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/18/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TA	1			1 , -0 , 2021			(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
	. "	2 224.000 2 13 100111	_ 01 11 11(0				1		Q 1 31/12/03

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

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security numbe
VIKRAM REDDY MADDI & RAVALI GUJJA	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		
ı	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 additional income. Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-20,006.

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l 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:				
05	Tatal allows allow to some Add lines Ode thousands Ode	24z		-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I. 4 (F 1010) 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

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 Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

VIKF	RAM REDDY MAD	DI &	RAV	ALI GU	JJJA							04	15-89	9-5103	
Part		re in t	he busir	ness of re	entina pers	onal proper	d Ro	yalties Schedule	e C. See	instru	ctions. If you a	re a	n indiv	idual, rep	ort farm
	Did you make any p														s 🛚 No
В	f "Yes," did you or	will y	ou file r	required	Form(s)	1099? .								. 🗌 Y e	s No
1a	Physical address	s of ea	ach pro	perty (s	treet, city	, state, ZIF	code	e)							
Α															
В															
С															
1b	Type of Property (from list below)	2	above	e, report	t the num	tate prope ber of fair i	rental	and		Fa	ir Rental Days	Pe	ersona Day	al Use /s	QJV
Α	3	1				eck the QJ			Α		365			0	
В						ments to fi See instru			В						
С			quaiii	ied joilli	. venture.	Oce manu	CHOIR	o.	С						
1	of Property: Single Family Resid Multi-Family Resid			Vacati Comm		-Term Rent	tal	5 Land 6 Roya			Self-Rental Other (descri)		
											Propertie	es:			
Incon									Α		В				С
3	Rents received .						3		5	20.					
4	Royalties received	a					4								
Exper 5							5								
6	Advertising Auto and travel (s						6								
7	Cleaning and mai						7		2,6	17					
8	Commissions .						8		۷,0	1 /.					
9	Insurance						9								
10	Legal and other p						10								
11	Management fees						11		2,5	0.0					
12	Mortgage interest						12		2,5						
13	Other interest .	•			•	,	13								
14	Repairs						14		3,4	47.					
15	Supplies						15		4,0						
16	Taxes						16								
17	Utilities						17		4,2	15.					
18	Depreciation expe	ense (or deple	etion .			18		3,7	29.					
19	Other (list)						19								
20	Total expenses. A	Add Iir	nes 5 th	rough 1	19		20		20,5	26.					
21	Subtract line 20 fr result is a (loss), s file Form 6198 .	see in	structio	ons to fi	nd out if	you must	21		-20,0	06.					
22	Deductible rental on Form 8582 (see						22	(20,00	06.)	()(
23a	Total of all amour	nts rep	orted o	on line 3	3 for all re	ntal prope	rties			23a		52	20.		
b	Total of all amour	nts rep	oorted o	on line 4	for all ro	yalty prope	erties			23b					
С	Total of all amour	nts rep	oorted o	on line ¹	12 for all p	properties				23c					
d	Total of all amoun	nts rep	oorted (on line ¹	18 for all p	oroperties				23d			29.		
е	Total of all amour									23e	20	, 52	26.		
24	Income. Add pos							-				. [24		
25	Losses. Add royal	-										- 1	25 (20,006.
26	Total rental real														
	here. If Parts II, II Schedule 1 (Form											n	26		-20,006.

Passive Activity Loss Limitations

See separate instructions.

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

Identifying number

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

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

Attachment Sequence No. **858**

OMB No. 1545-1008

VIKE	RAM REDDY MADDI & RAVALI GU	JJJA			045-8	9-5103
Par	t I 2023 Passive Activity Loss	S				
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.			
	l Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special	
1a b c d	Activities with net income (enter the an Activities with net loss (enter the amor Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	unt from Part IV, c	olumn (b)) art IV, column (c))	1b (1c (0. 20,006.)	-20,006.
All Ot	her Passive Activities					
2a b c d	Activities with net income (enter the an Activities with net loss (enter the amor Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ()) 20	1
3	Combine lines 1d and 2d and subtractive zero or more, stop here and include prior year unallowed losses entered on normally used	this form with you on line 1c or 2c. F	ur return; all losse	es are allowed, inc	luding any	-20,006.
	 Line 2d is a I If your filing status is married filing Instead, go to line 10. 	oss (and line 1d is separately and yo	ou lived with your		ne during the yea	ar, do not complete
	Note: Enter all numbers in Par			•		
4 5 6	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ. Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5	d or the loss on lir ately, see instructi e, but not less thar	ne 3 ons n zero. See instruc			20,006.
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	.000. If married filir			22,739.
9	Enter the smaller of line 4 or line 8. If					
Part		-			•	· ·
10	Add the income, if any, on lines 1a an	d 2a and enter the	total		10	0.
11	Total losses allowed from all passiv		23. Add lines 9 ar	nd 10. See instruct		
B. 1	out how to report the losses on your to				1º	20,006.
Part	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.		
	Name of activity	Currer	•	Prior years	Overall	gain 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.
	l l			1		

20,006.

0.

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

Form 8582 (2023) Page **2**

Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.			•
Name of activity		Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss
Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unal loss (lin	lowed le 2c)	(d) Gain		(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II.	Line 9. S	ee instrud	ctions.			
Name of activity	For an to	rm or schedule nd line number be reported on ee instructions)) Loss	(b) Ra		(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.	1.0	0	20,00	6.	0.
Allocation of Orlanowed L	.05:			S.					
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss		(b) Ratio	(c) Unallowed loss
						+			
Total							1.00		
Part VIII Allowed Losses. See instr				1		1	-	<u> </u>	
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
		l							
Total									



238454 11555

DR 8454 (09/28/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax. Colorado. gov

Tax.Colorado.gov
Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

	ot mail this form to the			For Tax Year	(MM/DD/Y	Y)		or Fiscal	Year	beginni	ng (MM	I/DD/YY)
Depar	tment of Revenue. I	Retain with you	ur records.	12/31/	23							
Tax Ty	ре											
Σ	Individual Income (DR 0104)	Corpora (DR 011	ate Income 12)		nership 0106)	/S-Corp In	come)		Fiduc (DR 0		ncome
Taxpay	er Last Name or Business	Name	First Na	me or Busine	ess DBA	if different fro	m Bu	siness N	ame			Middle Initia
MADI	DI		VIKR	AM REDDY	,							
Spous	e's Last Name (if applicab	ie)	First Na	me								Middle Initia
GUJJ	JA		RAVA	LI								
Taxpay	er SSN or ITIN		Spouse	SSN or ITIN	(if applica	ible)			FE	IN		
045-	-89-5103		987-9	99-3496								
Taxpa	yer or Business Address				City					State	ZIP	
3200	WEST COLFAX AV	ENUE APT 253			DENV:	ER				CO	80	204
			Part I — Tax	Return lı	nforma	tion			I			
1. Tota	al Income from your f	ederal return (se	e instruction	s for more	informa	ation)	1	\$				84517
2. Tax	able Income (or allow more information)							\$				56817
	orado Tax from your						3	\$				2500
	orado Tax Withheld o nore information)	r Payments, fron	n your Colora	ado return	(see in:	structions	4	\$				4388
01 1	nore imormation)	F	Part II — Dec	claration o	of Tax P	aver	4	Ψ				
Federal/ I underst	enalties of perjury, I declare the Colorado income tax returns, a sand that I (or my Electronic Res, and attachments upon requests.	nat the information I have and that said tax returns, eturn Originator (ERO)	ve provided for ele, , statements, sche if applicable) may	ectronic filing a dules and attac be required to	and the am chments ar o provide p	ounts shown in te true, correct, paper copies of	and co	mplete to eclaration,	the b	est of my eturns, v	y knowl withholo	ledge and belief ding statements
Signati		est by the Colorado De	partificition (Cever	ide at any time	during the	period covere		(MM/DD/		tate of in	Tillation	3.
Spouse	e's Signature (If Joint Retu	rn, Both Must Sign)					Date	(MM/DD/	YY)			
		Part III —	Declaration	of ERO/F	repare	r/Transmi	tter					
	If the transmitter did	not prepare the	tax return, ch	neck here								
the prepa taxpayer correct, a have pro of limitat	ot the preparer, I declare only arer, under penalties of perjury and the amounts shown in Pa and complete to the best of my wided the taxpayer with copies ions, and to provide paper cope at any time during this period	I declare that I have revert I above agree with the y knowledge and belief. s of all forms and informoies of this declaration,	viewed the above to e amounts shown of As preparer, I furto nation filed. I also	taxpayer's Fede on said tax retu ther declare that agree to maint	eral/Colora rns, and th at I have ol ain this sig	do income tax at said tax return btained the tax ned Form (DR	returns rns, sta payer's 8454)	and that to tements, so signature for the per	the intersection	formatio dules, an his form covered l	n provion at attaclet at the to by the 0	ded to me by the hments are true time of filing and Colorado statute
ERO's	Signature				Р	reparer Ident	ificatio	n Numb	er, Yo	our SSI	۷, or ۱٦	LIN
SYAM	1 PRIYA RAM SAGA	R GUPTA TALL	AM		I	0208270	3					
	<u> </u>				Da	ate (MM/DD/Y	Y)					
	Check if also Pro	eparer X				02/18/24						





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2023 Colorado Individual Income Tax Return

	r or Nonresident (or redent combination)) 10	4PN			Abroa	ad on due	date –	
Your Last Name	,		Your Fir	st Nam	е						Middl	e Initial
MADDI			VIKR	.AM RI	EDD	Y						
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed								
06/02/1990	045-89-5103			L		the DF	cked and cl R 0102 and	dea	th ce	rtificate wi	th your r	
Enter the following information	n from vour current		State of	fIssue		Last 4	characters of	ID nu	mber	Date of Issu	ance	
driver license or state identific	-		CO			0685	5			01/17/	24	
If Joint, Spouse's Last Name			Spouse'	s First I	Nam	е					Middl	e Initial
GUJJA			RAVA	LI								
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	J	Decease	ed	_							
05/15/1998	987-99-3496						cked and cl R 0102 and					
Enter the following information	n from vour snouse'	'e	State of	f Issue		Last 4	characters of	ID nu	mber	Date of Issu	ance	
Enter the following information current driver license or state	identification card.	3										
Mailing Address									Phor	ne Number		
3200 WEST COLFAX AVENU	JE APT 253								(73	32)331-3	828	
City				State	ZIF	Code		For	eign (Country (if ap	plicable)	
DENVER				CO	80	0204						
To see if you or members	s of your household	d qual	lify for f	ree or	red	uced-	cost health	COV	erage	e, check th	nis box if	:. :
You are a Colorado re AND			•								Ū	
 You give permission for for Health Colorado (the 												nnect
,				,						ound To The		Dollar
Enter Federal Taxable Inco		ral ind	come ta	ax forn	n:		_				5681	7
1040, 1040 SR, or 1040 SI Include W-2s and 1099s with 0							• 1					00
Include W-2s and 1099s with C	Additior	ns to	Fodora	ıl Taya	able	Incor	ma					
2. State and Local Income tax												
Schedule A. (see instruction							• 2					0 0
3. Qualified Business Income	Deduction Addbac	ck (se	ee instru	ıctions	3)		• 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
5. Nonqualified CollegeInvest Tuition Savings Account distributions		0 0
(see instructions) • 5		00
6. Nonqualified Colorado ABLE Account distributions (see instructions) • 6		00
7. Other Additions, explain (see instructions) • 7		0 0
Explain:		
8. Subtotal, sum of lines 1 through 7	56817	0 0
Colorado Subtractions	I	10 0
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the		
DR 0104AD schedule with your return. • 9		00
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-y	ear DR 0104PN Schedule	
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.11	2500	00
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the		
DR 0104AMT with your return. • 12		0 0
13. Recapture of prior year credits • 13		00
14. Subtotal, sum of lines 11 through 13	2500	0 0
15. Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, and 17		
cannot exceed line 14, you must submit the DR 0104CR with your return. • 15		00
16. 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 must submit the DR 1366 with your return. • 16		00
17. Strategic Capital Tax Credit from DR 1330, the sum of lines 15, 16, and 17 cannot		00
exceed line 14, you must submit the DR 1330 with your return.		00
	2500	
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.		0 0
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.19		0.0
Dix 010403 with your retain.		00
20. Net Colorado Tax, sum of lines 18 and 19	2500	0.0
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or	4388	
1099s claiming Colorado withholding with your return. • 21	1	0 0
22. Prior-year Estimated Tax Carryforward • 22		0.0
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for		
this tax year • 23		0 0
24 Extension Payment remitted with the DR 0159 I		0.0
24. Extension Payment remitted with the DR 0158-I • 24	•	UU



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Name	SSN or ITIN			
VIKRAM REDDY MADDI & RAVALI GUJJA	045-89-5103			
25. Other Prepayments: □ • DR 0104BEP □ • DR 0108 □ • DR 1079 • 25	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.	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	4388 00			
Modified AGI for TABOR				
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect	your Colorado tax liability.			
30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP ■ 30	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			
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	1600			
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	⁵⁹⁸⁸ 00			
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 36	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 your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.				
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				



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Name				
VIKRAM REDDY MADDI & RAVALI GUJJA			045-89-5103	
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 D				
(see instructions)	• 42		0.0	
43. Amount You Owe, sum of lines 39 through 42	• 43	3		
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 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	City	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.