

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

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your reco			For Tax Year (MM/DD/YY)		-	or Fiscal Year beginning (MM/DD/YY)						
		ecords.	12/31/	23								
Тах Ту	pe			1								
X	Individual Income (DR 0104)	Corporate In (DR 0112)	icome		nersh 0106	iip/S-Corp	Income	e [Fiduc (DR 0		ncome	9
Тахрау	er Last Name or Business Na	ime	First Na	me or Busine	ess DE	A if differer	nt from Bu	siness Na	ame		Middle	e Initial
GANG	GANABOINA		SAI H	ESWAR								
Spous	e's Last Name (if applicable)		First Na	me							Middle	e Initial
PENI	TAPARTHY		ANUGI	NA								
Тахрау	er SSN or ITIN		Spouse	SSN or ITIN	if app	icable)			FEIN			
766-	51-3594		121-1	L1-5040								
Тахрау	er or Business Address				City				State	ZIP		
9756	CEYLON CT				CON	MERCE (CITY		CO	800	022	
		Part	I — Tax	c Return Ir	nforn	nation			•			
1. Total Income from your federal return (see instructions for more information) 1								261	957			
 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 						\$ 220323						
3. Colorado Tax from your Colorado return (see instructions for more information) 3							9	972				
 Colorado Tax Withheld or Payments, from your Colorado return (see instruction or more information) 					ns 4	\$			10	326		
		Part I	I — Dec	laration o	f Tax	Payer	-	Ψ				
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 till Signature				nue at any time	during	the period co		e Colorado (MM/DD/		mitation	S.	
									,			
Spouse	e's Signature (If Joint Return,	Both Must Sign)					Date	(MM/DD/`	YY)			
	<u>_</u>	=										
Part III — Declaration of ERO/Preparer/Transmitter												
If the transmitter did not prepare the tax return, check here												
If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.												
ERO's Signature						Preparer Identification Number, Your SSN, or ITIN			IN			
SYAM	I PRIYA RAM SAGAR	GUPTA				P02082	2703					
						Date (MM/D	D/YY)					
Check if also Preparer X				04/15/24								





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2023 Colorado Individual Income Tax Return

	r or Nonresident (or resident dent combination) *Mus		010	4PN		t if Abro nstructi	ad on due da ons	te –	
Your Last Name	Your First Nar	_					Middle Ir	nitial	
GANGANABOINA	SAI ESWAR								
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased							
06/30/1994						refund, you n ertificate with			
Enter the following information	State of Issue		Last 4 of	characters of I	D number	Date of Issuan	ce		
driver license or state identific	CO		0770 08/26/			08/26/22			
If Joint, Spouse's Last Name		Spouse's First Name Midd					Middle Ir	nitial	
PENTAPARTHY	ANUGNA								
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased							
01/23/1993	121-11-5040						refund, you n ertificate with		
Enter the following information	n from vour chouso's	State of Issue		Last 4 of	characters of I	D number	Date of Issuan	ce	
Enter the following information current driver license or state									
Mailing Address					Pho	ne Number			
9756 CEYLON CT						(7	20)579-575	57	
City		State	ZI	P Code		Foreign	Country (if applie	able)	
COMMERCE CITY	CO	8	0022						
To see if you or members	s of your household qua	lify for free o	r rec	duced-	cost health	coverag	e, check this	box if:	
You are a Colorado re AND	esident and at least one	person in yo	ur h	ouseho	old does not	t have h	ealth covera	je	
 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 Inco	come tax for	m:					20323		
1040, 1040 SR, or 1040 SI				• 1		2	20323	00	
Include W-2s and 1099s with CO withholding.									
Additions to Federal Taxable Income 2. State and Local Income taxes or general sales taxes claimed on federal form 1040, C212									
2. State and Local Income ta Schedule A. (see instruction	es claimed o	n te		orm 1040, • 2			6313	00	
3. Qualified Business Income Deduction Addback (see instructions) • 3								00	

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Z30104 Z1333 1.4302.011 Name		SSN or ITIN	
SAI ESWAR GANGANABOINA & ANUGNA PENTAPARTHY		766-51-3594	
4. Federal Deduction addback (see instructions)	• 4		0
 Nonqualified CollegeInvest Tuition Savings Account distributions 	• •		
(see instructions)	• 5		0
6. Nonqualified Colorado ABLE Account distributions (see instructions)	• 6		0
7. Other Additions, explain (see instructions)	• 7		0
Explain:			
8. Subtotal, sum of lines 1 through 7	8	226636	0
Colorado Subtractions	-		
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the			
DR 0104AD schedule with your return.	• 9		0 (
10. Colorado Taxable Income, subtract line 9 from line 8	• 10	226636	0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and p		R 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	9972	0
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the	-		
DR 0104AMT with your return.	• 12		0
	40		
13. Recapture of prior year credits	• 13		0
14. Subtotal, sum of lines 11 through 13	14	9972	0
15. Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, and			
cannot exceed line 14, you must submit the DR 0104CR with your return.	• 15		0
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		0	
submit the DR 1366 with your return.	• 16		0
17. Strategic Capital Tax Credit from DR 1330, the sum of lines 15, 16, and 17 cann			
exceed line 14, you must submit the DR 1330 with your return.	• 17		0
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	18	9972	0
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the			
DR 0104US with your return.	• 19		0
·		9972	
20. Net Colorado Tax, sum of lines 18 and 19	20	3372	0
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and		10326	
1099s claiming Colorado withholding with your return.	• 21		0
22. Prior-year Estimated Tax Carryforward	• 22		0
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for	♥ ∠∠		
this tax year	• 23		0
24. Extension Payment remitted with the DR 0158-I	• 24		0

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Name				SSN or ITIN	
SAI ESWAR GANGAN	ABOINA & ANUGNA PEN	TAPARTHY		766-51-3594	
25. Other Prepayments	: DR 0104BEP	• DR 0108 • DR 1079	• 25		0 0
26. Gross Conservation the DR 1305G with		ne DR 1305G line 33, you must sub	mit ● 26		0 0
27. Innovative Motor Ve submit each DR 06	whicle and Innovative Truc 17 with your return.	k Credit from form DR 0617, you m	ust ● 27		0 0 0
28. Refundable Credits with your return.	from the DR 0104CR line	e 16, you must submit the DR 01040	OR • 28		0 0
29. Subtotal, sum of line			29	103	²⁶ 00
Lines 20 through 2		Iodified AGI for TABOR	offeret very C	Colorado tax liabili	L . ,
		ate your TABOR Credit, they do not deral income tax form: 1040, 1040 \$		2619	
31. Nontaxable Social S	Security Income		• 31		0 0
32. Nontaxable interest	income from state and lo	cal bonds	• 32		0 0
33 Sum of lines 30 thr	ough 32: Modified AGI for	TABOR	33	2619	57 00
34. State Sales Tax Re	fund: For full-year Colorad	do residents, born before 2005, or			
full-year Colorado r to file a return. Ente	esidents who are under th	ne age of eighteen but are required taxpayer or \$1,600 for two qualifyin	g ● 34	16	00 00
35. Sum of lines 29 and			35	119	
		0 then subtract line 20 from line 35	36	19	
37. Estimated Tax Crec	lit Carryforward to 2024 fi	rst quarter, if any.	• 37		0 0
	rment on line 38 below an de Form DR 0104CH to co	d would like to donate all or a portion on the portion of the port	on of your ov	erpayment to a qu	alified
38. Refund, subtract lin	e 37 from line 36 (see ins	tructions)	• 38	19	54 00
Direct Routing Nu	mber 1 0 2 0 0 1	0 1 7 Type: X Checking	Saving	s CollegeInve	est 529
Deposit Account Nu	mber 7 8 7 6 8 1	5 9 7]		
For questions rega	arding CollegeInvest direct de	eposit or to open an account, visit Colle	geInvest.org o	r call 800-448-2424	

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Name			SSN or I	ΓΙΝ						
SAI ESWAR GANGANABOINA & ANUGNA PENT	APARTHY		766-5	1-3594						
39. Net Tax Due, subtract line 35 from line 20	39)			00					
40. Delinquent Payment Penalty (see instructions)			00							
41. Delinquent Payment Interest (see instructions)) • 41				00					
 Estimated Tax Penalty, you must submit the D (see instructions) 	R 0204 with your return • 42				00					
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.										
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										
Your Signature			Date (M	M/DD/YY)						
Spouse's Signature. If joint return, BOTH must sign.	Date (M	M/DD/YY)								
Paid Preparer's Name	barer's Pho	one								
GLOBAL TAXES LLC		(678)	965-95	22						
Paid Preparer's Address	City	State	ZIP Code	e						
245 ROONEY CT	E BRUNSWICK	NJ	08816	i						

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:If you are filing this return without a check or
payment, please mail the return to:COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.