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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 the IRS or the Colorado

Do not mail this form to the IRS or the Colorado		For Tax Year	(MM/DD/YY)		or Fiscal	or Fiscal Year beginning (MM/DD/YY)				
Department of Revenue. Retain with your records.			12/31/3	23						
Тах Тур	be land									
X		orate Income 0112)		nership/S-( 0106)	Corp Incom	e [	Fiduci (DR 0		ncome	
Тахрау	er Last Name or Business Name	First Na	me or Busine	ess DBA if dif	ferent from Bu	usiness Na	ame		Middle Initial	
IRED	DY	PRAGI	NESHWAR	REDDY						
Spouse	e's Last Name (if applicable)	First Nar	me						Middle Initial	
Тахрау	er SSN or ITIN	Spouse S	SSN or ITIN (	if applicable)			FEIN			
291-	99-1320									
Тахрау	er or Business Address			City			State	ZIP		
6874	S IVY WAY APT 12308			ENGLEWO	DOD		со	801	.12	
		Part I — Tax	Return Ir	formatior	า					
1. Tota	al Income from your federal return (	see instructions	s for more	informatio	n) <b>1</b>	\$			94347	
2. Taxable Income (or allowable deduction) from your federal return (see instructions							80497			
for more information) 2 \$						3542				
<ul> <li>3. Colorado Tax from your Colorado return (see instructions for more information)</li> <li>3 \$</li> <li>4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions</li> </ul>										
	nore information)	-		`	4	\$			3951	
	nalties of perjury, I declare that the information I	Part II — Dec								
Federal/C	Colorado income tax returns, and that a find matching and that I (or my Electronic Return Originator (EF s, and attachments upon request by the Colorado	rns, statements, scheo RO) if applicable) may	dules and attac be required to	hments are tru provide paper	e, correct, and c copies of this d	omplete to leclaration,	the best of my my returns, w	v knowle vithholdi	edge and belief. ing statements,	
Signatu		•	,	0 1		(MM/DD/				
Spouse	's Signature (If Joint Return, Both Must Sig	n)			Date	e (MM/DD/	rY)			
	Part III	— Declaration	of ERO/P	reparer/T	ransmitter					
	If the transmitter did not prepare th	ne tax return, ch	eck here [							
the prepa taxpayer correct, a have prov of limitation	t the preparer, I declare only that the amounts sh rer, under penalties of perjury I declare that I have and the amounts shown in Part I above agree with nd complete to the best of my knowledge and be vided the taxpayer with copies of all forms and inf ons, and to provide paper copies of this declaration at any time during this period.	e reviewed the above ta the amounts shown o lief. As preparer, I furth formation filed. I also a	axpayer's Fede on said tax retur her declare tha agree to mainta	ral/Colorado ir ns, and that sa t I have obtain ain this signed	icome tax return id tax returns, st ed the taxpayer' Form (DR 8454)	s and that th atements, s s signature for the per	ne information chedules, and on this form iod covered b	n provide d attach at the til by the C	ed to me by the ments are true, me of filing and olorado statute	
ERO's	Signature			Prepa	Preparer Identification Number, Your SSN, or ITIN					
SYAM	PRIYA RAM SAGAR GUPTA TAI	LLAM		P02	082703					
				Date (N	/M/DD/YY)					
Check if also Preparer X				03/10/24						





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## 2023 Colorado Individual Income Tax Return

	r or Nonresiden dent combina				010 <i>4</i>	4PN		ark if A e insti		ad on due o ons	date -	-
Your Last Name		,	Your Fire	st Nam	e						Mi	ddle Initial
IREDDY				NESH	WAR	REDI	DY					
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Decease	ed								
01/15/1998	291-99-13	20		If checked and claiming a refund, you must inclue the DR 0102 and death certificate with your retur								
Enter the following information	n from your cu	rrent	State of	Issue		Last 4	characters c	of ID nu	mber	ber Date of Issuance		
driver license or state identific		ITCII	CO	CO 4280 12/04/				12/04/2	23			
If Joint, Spouse's Last Name			Spouse'	s First I	Nam	e					Mi	ddle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Decease	ed								
						the DF	R 0102 an	id dea	th ce	refund, you rtificate wit	h you	
Enter the following information	n from vour sp	01160'6	State of	Issue		Last 4	characters c	of ID nu	mber	Date of Issu	ance	
current driver license or state	identification of	card.										
Mailing Address									Phor	ne Number		
6874 S IVY WAY APT 123	308								(32	L6)559-1	078	
City				State	ZIF	P Code		Fo	reign (	Country (if ap	olicabl	e)
ENGLEWOOD		CO	80	0112								
To see if you or members	s of your hous	ehold qua	lify for fi	ree or	red	uced-	cost healt	h cov	erage	e, check th	is bo	x if:
You are a Colorado re     AND	esident and at	least one	person	in you	ir ho	ouseho	old does r	not ha	ve he	ealth cover	age	
<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>								Connect 1g.				
Round To The Nearest Dollar								-				
1. Enter Federal Taxable Inco	come ta	ax forn	n:						80	497		
1040, 1040 SR, or 1040 SI					• 1				00	00		
Include W-2s and 1099s with (	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,												
Schedule A. (see instruction					• 2					0 0		
3. Qualified Business Income Deduction Addback (see instructions) • 3								0 0				



230104	21555	Page 2 01 4			
Name				SSN or ITIN	
PRAGNESHWAR RE	VADE TREDV			291-99-1320	
PRAGNESHWAR RE	DDY IREDDY			291-99-1320	
	on addback (see instructions		4		0
	IlegeInvest Tuition Savings	Account distributions			
(see instructions	5)	•	5		0
6. Nonqualified Co	lorado ABLE Account distrit	outions (see instructions)	6		0
7 Other Additions	oveloin (occ instructions)		-		
T. Other Additions, Explain:	explain (see instructions)	•	1		0
8. Subtotal, sum of	lines 1 through 7		8	80497	0
		Colorado Subtractions			
		e, line 23, you must submit the			
DR 0104AD sch	edule with your return.	•	9		0
				80497	
	le Income, subtract line 9 fro		10		0
		Book for full-year tax table and par	t-year DR 0	104PN Schedule	_
		PN line 36, you must submit the		3542	0
	your return if applicable.		11		
		AMT line 8, you must submit the	10		
DR 0104AMT w		•	12		0
13. Recapture of pri	or vear credits	•	13		0
14. Subtotal, sum of	lines 11 through 13		14	3542	0
		R line 54, the sum of lines 15, 16, and			
			15		0
		s used – as calculated, or from the			
		d 17 cannot exceed line 14, you must			
submit the DR 1	366 with your return.	•	16		0
		the sum of lines 15, 16, and 17 cannot			
exceed line 14,	you must submit the DR 133	0 with your return.	17		0
				3542	
		'. Subtract that sum from line 14.	18	5512	0
		ule line 7, you must submit the			
DR 0104US with	i your return.	•	19		0
				3542	
	ix, sum of lines 18 and 19		20		0
		99s, you must submit the W-2s and/or		3951	
iuses claiming	Colorado withholding with yo		21		0
<b>2</b> Drior yoar Estim	ated Tax Carryforward	-	22		C
					+
2 Estimated Tay D	avmente enter the eum of t				
	Payments, enter the sum of t		23		C
23. Estimated Tax F this tax year	ayments, enter the sum of t		23		C

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230104 31555	Page 3 of 4		
Name	•	SSN or ITIN	
PRAGNESHWAR REDDY IREDDY		291-99-1320	
<b>25.</b> Other Prepayments: DR 0104BEP	• DR 0108 • DR 1079 • 2		0.0
26. Gross Conservation Easement Credit from t the DR 1305G with your return.	he DR 1305G line 33, you must submit • 26		00
<ol> <li>Innovative Motor Vehicle and Innovative True submit each DR 0617 with your return.</li> </ol>		0	00
<ol> <li>Refundable Credits from the DR 0104CR lin with your return.</li> </ol>	e 16, you must submit the DR 0104CR • 28	8	00
<b>29.</b> Subtotal, sum of lines 21 through 28	29	3951	00
	Modified AGI for TABOR	et vour Colorado tov liability	
Lines 30 through 33 are only used to calcul <b>30.</b> Federal Adjusted Gross Income from your fe			
or 1040 SP	• 3(	94347	00
31. Nontaxable Social Security Income	• 31		00
32. Nontaxable interest income from state and le	ocal bonds • 32	2	00
33. Sum of lines 30 through 32: Modified AGI fo	r TABOR 3:	94347	00
<ul> <li>State Sales Tax Refund: For full-year Colora full-year Colorado residents who are under t to file a return. Enter \$800 for one qualifying</li> </ul>	he age of eighteen but are required		ľ
taxpayers filing jointly. See instructions if you		L	00
35. Sum of lines 29 and 34	38	3951	00
<b>36.</b> Overpayment, if line 35 is greater than line 2	0 then subtract line 20 from line 35 36	409	00
37. Estimated Tax Credit Carryforward to 2024	first quarter, if any. • 37	,	00
If you have an overpayment on line 38 below an Colorado charity, include Form DR 0104CH to c	-	your overpayment to a qualif	ied
<b>38.</b> Refund, subtract line 37 from line 36 (see ins	structions) • 38	409	00
Direct         Routing Number         1         0         1         0         8         9           Deposit         Account Number         7         9         5         4         4         0	2     9     2     Type:     X     Checking       4     8     8     0     1     1	Savings CollegeInvest 5	529
For questions regarding CollegeInvest direct d	eposit or to open an account, visit CollegeIn	<i>vest.org or</i> call 800-448-2424.	

2	301	04	4	155	5		

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Name				SSN or ITIN	
PRAGNESHWAR REDDY IREDDY				291-99-	1320
<b>39.</b> Net Tax Due, subtract line 35 from line 20		39			0 0
<b>40.</b> Delinquent Payment Penalty (see instructions)			0 0		
41. Delinquent Payment Interest (see instructions)		• 41			0 0
<ol> <li>Estimated Tax Penalty, you must submit the D (see instructions)</li> </ol>	R 0204 with your return	• 42			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 ba by the State. If converted, your check will not be returned. If yo Revenue may collect the payment amount directly from your b	our check is rejected due to insuffic				
۲۲	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 • Y	∕es. Comple	ete the fo	llowing:	
Designee's Name			Phone N	umber	
•			•		
Sign Below Under penalties of perjury, I declare that to the	best of my knowledge and belief, t	his return is tru	ie, correct		
Your Signature				Date (MM/D	D/YY)
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/D	D/YY)
Paid Preparer's Name	arer'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 <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.							