# **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number VINAY TIWARI 841-72-2177 Spouse's name Spouse's social security number 647-37-5110 SANKHADEEPA CHANDA Tax Return Information – Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 68,125. 1 1 2 2 4,656. 3 3 11,628. 4 4 6,972. 5 5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

				EBO firm name	. 0 ,	E	r
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	4	<u> </u>

2	2	1	7	7	
Ent don	er fiv i't er	/e di nter a	gits, all ze	but ros	as

0

as mv

7 5

1 1

Enter five digits, but don't enter all zeros

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Da	ate 🕨	•								
	PIN Method Returns Only—continue	bel	ow								
Part III Certification and Authentication	<ul> <li>Practitioner PIN Method Only</li> </ul>										
ERO's EFIN/PIN. Enter your six-digit EFIN followe	d by your five-digit self-selected PIN.	2	2				3	_	9	8 9	)
				Don	τen	iter al	ll zero	os			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/22/23 PRO	Form <b>8879</b> (Rev. 01-2021)

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		urn	202	2	OMB No. 1545	-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y	0	separately (N use. If you cl	,					spo	alifying sur use (QSS) s name if t	0
Your first name	and mi	iddle initial	Last na	me							Your so	ocial securi	ty number
VINAY			TIWA	RI							841-	72-217	7
If joint return, sp	ouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
SANKHADE	EPA		CHAN	DA							647-	37-511	0
Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ential Electi	on Campaigr
9980, TR	AINS	STATION CIRCLE						-	322			here if you	
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		•		ntly, want \$3
LONE TRE	Е					CC	)	801	24		0	low will not	Checking a change
Foreign country	name		F	oreign pr	ovince/state/o	count	ty	Foreig	n postal c	code		x or refund	`
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a						-				Yes	X No
		eone can claim:  You as a de	-				a dependent	45501)	: (000 1	13110	0110113.)		
Standard Deduction		Spouse itemizes on a separate return											
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	ind Spo	ouse	: 🗌 Was bor	n befo	ore Janu	ary 2	, 1958	🗌 ls b	lind
Dependents	(see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4	) Check	the bo	ox if qual	ifies for (see	e instructions):
If more	<b>(1)</b> Fi	irst name Last name			number		to you		Child	tax cı	edit	Credit for of	ther dependents
than four													
dependents, see instructions													
and check													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						18	1	68,125.
	b	Household employee wages not re	eported	on Form	(s) W-2 .						. 1k	<b>)</b>	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	struction	s)					•	. 10	>	
attach Forms	d	Medicaid waiver payments not rep		•	, ,	nstru	ictions)			•	10	ł	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									16	•	
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29					•	. 11	f	
If you did not	g	Wages from Form 8919, line 6 .	• • •							•	. <u>1</u> ç	9	
get a Form W-2, see	h	Other earned income (see instructi	ons)					· ·		•	. <u>1</u> ł	า	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i				_		
	Z	Add lines 1a through 1h	· · ·		· · · ·					·	. 12		68,125.
Attach Sch. B	2a		2a				axable interest			•	2k		
if required.	<u>3a</u>		3a				ordinary divide		• •	·	3k		
	4a		4a				axable amoun		• •	·	41		
Standard Deduction for –	5a		5a				axable amoun		• •	·	5k		
Single or	6a	, _	6a				axable amoun	t	• •	• -	6k	)	
Married filing separately,	_c	If you elect to use the lump-sum e				`	,	• •		• L			
\$12,950	7	Capital gain or (loss). Attach Scher						• •		. L			
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin								•	8		CO 105
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •	• •	·	. 9		68,125.
\$25,900	10	Adjustments to income from Sche	-					• •		•	10		CO 105
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•	-	-			• •	• •	•	. 11		<u>68,125.</u>
\$19,400	12	Standard deduction or itemized				,	 5 A	• •		•	12		25,900.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction	on from	Form 8	995 or Form	899	э-А			•	. 13		
Standard Deduction,	14 15	Add lines 12 and 13	• • •	· · ·		· ·				•	14		<u>25,900.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	U OF IES	s, enter -	·u This is y	our 1		ie .		•	15		42,225.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	4,656.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	4,656.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	4,656.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	4,656.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	11,	628.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	11,628.
16	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return				26	
If you have a qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	e credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	11,628.
Refund	34	If line 33 is more than line 24							34	6,972.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, cheo	ck here		. 🗆	35a	6,972.
Direct deposit?	b	Routing number 0 8 3				Check		avings		
See instructions.	d	Account number 3 8 1	7 1 4 3	6 1 6			Ŭ	-		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .				37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions				[	Yes. Co	mplete b	elow.	X No
		signee's		Phone				nal identif	ication	
	na			no.				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr								
Here		ur signature		Date	Your occupation				• •	nt you an Identity
	10	ul signature		Date	Tour occupation					IN, enter it here
Joint return?					MANAGER, D	ATA S	SCIENCE	(see i	nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	ion				nt your spouse an
your records.						~		Ident (see i		ection PIN, enter it he
-			0	Email address	HOME MAKEP			,		
		one no. (720) 659-955 eparer's name	8 Preparer's signat	Email address	VINAYTIWARIP	Date	GMAIL.CO			Check if:
Paid							0/2022		202	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA TALLAM	104/1	8/2023	P02082		
Use Only		m's name GLOBAL TA			T 00016					678) 965-9522
		m's address 245 ROONE	Y CT E BRU	NOWICK N	J U8816			Firm'	SEIN	84-3171965
Lio to WWW ire a	OV/For	111/11 tor instructions and the late	et intormation							Earm 11/41 (202

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

BAA REV 03/22/23 PRO

Form **1040** (2022)



DR 8454 (01/26/23) 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			rado	For Tax Year (MM/DD/YY)					or Fiscal Year beginning (MM/DD/YY)					
Depar	tment of Revenue. <b>Ret</b>	ain with your I	records.	12/31/	22									
Тах Ту	ре													
Σ	Individual Income (DR 0104)	Corporate (DR 0112)	ncome		nersh 0106	ip/S-Corp In )	come	e [	Fiduc (DR 0		ncom	е		
Тахрау	ver Last Name or Business Nan	ne	First Na	me or Busin	ess DB	A if different fro	om Bu	siness Na	ame		Middle	e Initial		
TIWA	ARI		VINA	Y										
Spous	e's Last Name (if applicable)		First Na	ime							Middle	e Initial		
CHAN	IDA		SANKI	HADEEPA										
Тахрау	er SSN or ITIN		Spouse	SSN or ITIN	(if appl	icable)			FEIN					
841-	72-2177		647-3	37-5110										
Тахрау	ver or Business Address				City				State	ZIP				
9980	, TRAINSTATION CIR	CLE APT 322			LON	IE TREE			со	803	124			
		Pai	rt I — Tax	k Return l	nform	nation		1						
<b>1.</b> Tota	al Income from your fede	ral return (see in	struction	s for more	inforr	mation)	1	\$			68	8125		
	<ul> <li>2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)</li> <li>2 \$</li> </ul>								2225					
	orado Tax from your Colo						3	\$			1	859		
	orado Tax Withheld or Pa nore information)	ayments, from yo	our Colora	ado return	(see	instructions	4	\$			3	8011		
				claration o										
Federal/0	enalties of perjury, I declare that the Colorado income tax returns, and the and that I (or my Electronic Return as, and attachments upon request b	at said tax returns, state Originator (ERO) if ap	ements, sche plicable) may	edules and attack y be required to	chments o provid	are true, correct, e paper copies of	and co this de	mplete to t claration,	he best of my my returns, w	y knowle vithhold	edge an ing state	d belief.		
Signatu		,					· ·	e (MM/DD/Y			••			
Spouse	e's Signature (If Joint Return, B	oth Must Sign)					Date	e (MM/DD/Y	Y)					
		Part III — De	claration	of ERO/F	Prepa	rer/Transmi	tter							
	If the transmitter did not	prepare the tax	return, cł	neck here										
the prepa taxpayer correct, a have pro of limitati	ot the preparer, I declare only that t arer, under penalties of perjury I dec and the amounts shown in Part I ab and complete to the best of my kno vided the taxpayer with copies of a ions, and to provide paper copies o e at any time during this period.	lare that I have reviewe love agree with the amo wledge and belief. As p Il forms and informatior	d the above to ounts shown of reparer, I furl offiled. I also	taxpayer's Fed on said tax retu ther declare the agree to maint	eral/Col irns, and at I have ain this	orado income tax I that said tax retur e obtained the tax signed Form (DR	returns rns, sta payer's 8454)	and that the tements, s signature for the per	ne information chedules, an on this form iod covered b	n provid d attach at the ti by the C	led to m ments a me of fi Colorado	e by the are true, iling and statute		
ERO's	Signature					Preparer Ident	ificatio	on Numbe	er, Your SSI	N, or IT	IN			
SYAM	1 PRIYA RAM SAGAR G	UPTA TALLAM				P02082703	3							
	Cheek if also Draws					Date (MM/DD/YY	<i>(</i> )							
Check if also Preparer X				04/18/23										





DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 1 of 4 (0013)

# 2022 Colorado Individual Income Tax Return

	r or Nonresident (or residen dent combination) *Mus			)4PN		if Abroanstruction	ad on due d ons	ate –		
Your Last Name	<u></u>	Your First N	_					Middle Initia		
TIWARI		VINAY								
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased								
03/12/1991	841-72-2177			the DR	0102 and	death ce	ertificate with	must includ		
Enter the following information driver license or state identific		State of Issu	IE	Last 4 cha	aracters of II	D number	Date of Issua	nce		
If Joint, Spouse's Last Name		Spouse's Fir	st Nan	ne			•	Middle Initia		
CHANDA		SANKHAI	DEEPA	Ą						
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased								
03/18/1991	647-37-5110							must includ		
Enter the following information current driver license or state	n from your spouse's identification card.	State of Issu	ie	Last 4 cha	aracters of II	D number	Date of Issua	nce		
Mailing Address						Pho	ne Number			
9980, TRAINSTATION CIF	RCLE APT 322					(72	20)659-95	558		
City		Sta	te ZI	P Code		Foreign (	Country (if app	licable)		
LONE TREE		CC		0124						
To see if you or members		•				-				
AND • You give permission for	esident and at least one the Colorado Department	of Revenue	to sh	are the inf	formation c	on Form I	DR 0104EE	with Connec		
for Health Colorado (the	e Colorado Health Benefit	Exchange) a	and th	e Departr	nent of Hea			ancing. Nearest Dolla		
1. Enter Federal Taxable Inco	1 Enter Federal Tayable Income from your federal income tay form:									
1040, 1040 SR, or 1040 SP line 15. • 1										
Include W-2s and 1099s with CO withholding.										
	Additions to									
	2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)       • 2       0 0									
3. Qualified Business Income	Deduction Addback (se	e instructio	ons)		• 3			0		



DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 2 of 4

220104 21555	Fage 2 01 4		
Name		SSN or ITIN	
VINAY TIWARI & SANKHADEEPA CHAND	A	841-72-2177	
			—
4. Itemized Deduction addback (see instructi	ons) • 4		0
5. CollegeInvest Recapture Prior Year - Non-			Ť
Contribution (see instructions)	• 5		0
			Ť
6. Other Additions, explain (see instructions)	• 6		0
Explain:			
			—
7 Subtotal aum of lines 1 through 6	-	42225	0
7. Subtotal, sum of lines 1 through 6	Colorado Subtractions		0
8. Subtractions from the DR 0104AD Schedu			Τ
DR 0104AD schedule with your return.	• 8		0
			Ť
9. Colorado Taxable Income, subtract line 8 t	from line 7 • 9	42225	0
	4 Book for full-year tax table and part-yea	r DR 0104PN Schedule	
10. Colorado Tax from tax table or the DR 010		1859	
DR 0104PN with your return if applicable.	• 10	1039	0
<ol> <li>Alternative Minimum Tax from the DR 010</li> </ol>	4AMT line 8, you must submit the		
DR 0104AMT with your return.	• 11		0
12. Recapture of prior year credits	• 12		0
12 Cultured arm of lines 10 through 12	10	1859	0
<ol> <li>Subtotal, sum of lines 10 through 12</li> <li>Nonrefundable Credits from the DR 01040</li> </ol>	13 CP line 49, the sum of lines 14, 15, and 16		
cannot exceed line 13, you must submit th			0
<b>15.</b> Total Nonrefundable Enterprise Zone cred			
DR 1366 line 85, the sum of lines 14, 15, a			
submit the DR 1366 with your return.	• 15		0
16. Strategic Capital Tax Credit from DR 1330			1
exceed line 13, you must submit the DR 13	<b>3</b> 30 with your return. • <b>16</b>		0
		1859	
<b>17.</b> Net Income Tax, sum of lines 14, 15, and <i>c</i>		1000	0
<ol> <li>Use Tax reported on the DR 0104US sche</li> </ol>	-		
DR 0104US with your return.	• 18		0
		1859	
19. Net Colorado Tax, sum of lines 17 and 18			0
20. CO Income Tax Withheld from W-2s and 1		3011	
1099s claiming Colorado withholding with	your return. • 20		0
21. Prior-year Estimated Tax Carryforward	• 21		0
<b>21.</b> Estimated Tax Payments, enter the sum of			+
this tax year	• 22		0
	• 22		┦
23. Extension Payment remitted with the DR (	0158-I • <b>23</b>		C
e. Extension r aymont remitted with the DR t			

 
 220104
 31555
 DR 010 COLOR Tax.Col

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 3 of 4

Name					S	SN or ITIN					
VINAY TIWARI & SANKHADEEPA CHANDA 841-72-2177											
					•						
24. Other Prepayments:	: DR 01	04BEP 🗌 🖷	DR 0108	• DR 1079 • 24				00			
25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit											
the DR 1305G with your return. • 25											
26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must											
submit each DR 0617 with your return. • 26 00 27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR											
with your return.				• 27				00			
							3011				
<b>28.</b> Subtotal, sum of lines 20 through 27 <b>28</b> 3011 00											
Lines 30 through 3	2 are only used (		d AGI for TABO		t vour Col	orada tax	liability				
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability. 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11,											
<b>29.</b> Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11 • <b>29</b>											
30. Nontaxable Social S	Security Income			• 30				00			
31. Nontaxable interest	income from sta	te and local bon	nds	• 31				00			
							68125				
32. Sum of lines 29 thro				32			00125	00			
			for State Sales	1			<u>*000.001</u>				
If line 32 is:	\$48,000 or less	\$48,001 – \$95,000	\$95,001 – \$151,000	\$151,001 – \$209,000	\$209,00 \$268,0		\$268,001 or more				
Single Filers Enter	\$153	\$208	\$234	\$285	\$300	)	\$486				
Joint Filers Enter	\$306	\$416	\$468	\$570	\$600	)	\$972				
33. State Sales Tax Ref											
full-year Colorado re		•	•				416				
to file a return. Use instructions if you ar				• 33				00			
	<u> </u>						2427				
34. Sum of lines 28 and	33			34			3427	00			
25 Overneyment if line	24 is greater th	an line 10 than a	ubtract line 10 fr	rom line 34 35			1568	00			
<b>35.</b> Overpayment, if line	: 54 is greater th			om ine 34 35				00			
36. Estimated Tax Cred	it Carryforward t	to 2023 first qua	rter, if any.	• 36				00			
If you have an overpay				all or a portion of	your overp	ayment t	o a qualif	ied			
Colorado charity, include Form DR 0104CH to contribute.											
							1568				
37. Refund, subtract line	e 36 from line 35	5 (see instruction	is)	• 37			1000	00			
Direct Routing Nur	mber 0 8 3 (	0 0 9 0 6	0 <b>Type</b> : X	Checking	Savings	Coll	legeInvest 5	529			
Deposit Account Nur	mber 3 8 1 '	7 1 4 3 6	1 6								
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.											

220104 41555

DR 0104 (11/18/22) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 4 of 4

Name				SSN or ITIN	
VINAY TIWARI & SANKHADEEPA CHANDA				841-72-217	77
<b>38.</b> Net Tax Due, subtract line 34 from line 19		38			0 0
39. Delinquent Payment Penalty (see instructions	)	• 39			0 0
<b>40.</b> Delinquent Payment Interest (see instructions		• 40			0 0
<b>41.</b> Estimated Tax Penalty, you must submit the E (see instructions)	JR 0204 with your return.	• 41			0 0
42. Amount You Owe, sum of lines 38 through 41		• 42			
The State may convert your check to a one-time electronic baby the State. If converted, your check will not be returned. If y Revenue may collect the payment amount directly from your	our check is rejected due to insuf				
	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 •	Yes. Comple	te the fo	llowing:	
Designee's Name			Phone N	umber	
•			•		
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief	f, this return is tru	ie, correct		
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	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 02/09/23 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.