Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal nevertue Service				
Submission Identification Number (SID)				
Taxpayer's name	Social	security numl	ber	
CHIRAG REDDY JITTA	835	-98-689	1	
Spouse's name		's social sec		r
	(=)			
_	23 (Enter year y	ou are au	thorizing.	.)
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.				
1 Adjusted gross income		. 1	83	,211.
2 Total tax				,562.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				,375.
4 Amount you want refunded to you				,813.
5 Amount you owe		. 5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you g	get and keep a	copy of y	our retu	ırn)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provice to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorage to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment of my federal taxes owed on this return and/or a payment of estimated tax, and the finance authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions invo taxes to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent.	son for rejection of orize the U.S. Treas ccount indicated in ial institution to deb to terminate the aut llation requests municipated in the process do to the payment.	the transmistury and its of the tax preport the entry horization. Just be receiving of the ell I further ac	ssion, (b) the designated paration soft to this according to the design of the design	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
Taxpayer's PIN: check one box only				
	generate my PIN	8 6 8	8 9 1	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	gonorato my r m		digits, but er all zeros	ao my
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.				
Your signature ►	Date ►			
Spouse's PIN: check one box only				
· <u> </u>	generate my PIN			ac my
ERO firm name	generate my i m	Enter five	digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN and your return is filed using the Practitioner below.				
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—continu	ie pelow			
Part III Certification and Authentication — Practitioner PIN Method Only	,			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4	9 6 0	8 2 7	, 1
and the digital control of the contr		i't enter all ze		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro	I am submitting thi	s return in a	accordance	
ERO's signature ▶	Date ►			
ERO Must Retain This Form — See Instruc				
Don't Submit This Form to the IRS Unless Reques				

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	write or staple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate instructions.
Your first name	and m	niddle initial	Last n	ame						Your so	ocial security number
CHIRAG I	REDD	Y	JIT	TA						835	98 6891
		s first name and middle initial	Last n	ame						Spouse	's social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				A	Apt. no.	Preside	ential Election Campaig
7303 SOT	JTH :	XENIA CIRCLE									here if you, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP c	ode		e if filing jointly, want \$3 o this fund. Checking a
CENTENN	IAL					CC)	801	.12		low will not change
Foreign countr	y name			Foreign p	rovince/state/	coun	ty	Foreig	gn postal code	your ta	x or refund. You Spous
Filing Status	s 🗵	Single					Head of ho	useh	old (HOH)		
Check only		Married filing jointly (even if only o	ne had	income)							
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)	
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if the
		ualifying person is a child but not you									
Digital		ny time during 2023, did you: (a) rec									
Assets	exch	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial inter	est i	n a digital asse	t)? (S	ee instructio	ns.)	☐ Yes ☒ No
Standard		neone can claim:	•		•		a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status	alier	1				
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Sp	ouse	: Was born	n befo	ore January 2	2, 1959	☐ Is blind
Dependent	s (see	instructions):		(2)	Social security	/	(3) Relationshi	p (4			ifies for (see instructions)
If more	(1) F	First name Last name			number		to you		Child tax c	redit	Credit for other dependent
than four											
dependents, see instruction	s —										
and check	. —										
here L											
Income	1a	Total amount from Form(s) W-2, b	,		•						-
Attach Form(s)	b	Household employee wages not re	•							. 1k	
W-2 here. Also	C	Tip income not reported on line 1a	•		•					. 10	
attach Forms W-2G and	d	Medicaid waiver payments not rep		•		nstru	uctions)			. 10	
1099-R if tax	е	Taxable dependent care benefits t			•					. 16	
was withheld.	f	Employer-provided adoption bene			•					. 11	
If you did not get a Form	g	Wages from Form 8919, line 6.								. 10	_
W-2, see	h	Other earned income (see instruct	,					i ·		. 1h	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions))		<u>li</u>				104 004
	<u>z</u>	Add lines 1a through 1h	. i		· · · ·					. 1z	E 40
Attach Sch. B if required.	2a	•	2a		17.		axable interest			. 2t	1.0
	3a	· · ·	3a				Ordinary divider				
Standard	4a	-	4a				axable amount			. 4k	
Deduction for—	5a		5a				axable amount			. 5k	
 Single or Married filing 	6a	,	6a				axable amount			. 6b	0
separately, \$13,850	C	If you elect to use the lump-sum e				•	,		L	╡┞ <u>╴</u>	2 000
 Married filing 	7	Capital gain or (loss). Attach Sche		•	•					$\frac{1}{2}$	
jointly or Qualifying	8	Additional income from Schedule								. 8	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						. 9	
\$27,700 • Head of	10	Adjustments to income from Sche								. 10	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_					. 11	· · · · · · · · · · · · · · · · · · ·
If you checked	12	Standard deduction or itemized		•		,				. 12	
any box under Standard	13	Qualified business income deduct			sees or Form	ı 899	ю-А			. 13	
Deduction, see instructions.	14	Add lines 12 and 13				· ·	tavabla inner			. 14	·

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	10,562.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	10,562.
	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	10,562.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,562.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 1!	5,375.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,375.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,,		26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
attacii Scii. Lio.	28	Additional child tax credit fro	m 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	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	15,375.
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	4,813.
	35a	Amount of line 34 you want			is attached, che	ck here	🗌	35a	4,813.
Direct deposit?	b	Routing number 1 0 1			c Type:	Checking	Savings		
See instructions.	d	Account number 5 1 8	0 0 8 7	4 3 3 7	7 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	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee	ins	structions				🗌 Yes. C	omplete	below.	⋈ No
		esignee's		Phone			sonal ident	ification	
<u></u>		me Ider penalties of perjury, I declare t	hat I have everning	no.	accompanying ach		ber (PIN)	the beet	of my knowledge and
Sign		lief, they are true, correct, and com							,
Here	Υo	our signature		Date	Your occupation		If the	e IRS se	nt you an Identity
		ar orginatoro			Tour occupation		Prot	ection P	IN, enter it here
Joint return?					SOFTWARE :	DEVELOPER	(see	inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion	Ider		nt your spouse an ection PIN, enter it here
	Ph	one no. (316)200-125	0	Email address	CHIRAGREDDY	406@GMAIL.C	OM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/18/2024	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no.(678)965-9522
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

CHIRAG REDDY JITTA

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

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

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

	Sequence No. 01
Your soc	ial security number
835-98	-6891

Par	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	-19,439.
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		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 . Enter	r here and on Form		10 100
	1040, 1040-SR, or 1040-NR, line 8		10	-19,439.

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 D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 835-98-6891 CHIRAG REDDY JITTA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 10,248. 23,766. 3. -13,515. Totals for all transactions reported on Form(s) 8949 with Box B checked 7,963. 11,000. -3,037.3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -16,552. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 4,000. 4,041. 41. Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

41.

11

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -16,511. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment

Social security number or taxpayer identification number

835-98-6891

OMB No. 1545-0074

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

CHIRAG REDDY JITTA

Go to www.irs.gov/Form8949 for instructions and the latest information.

Sequence No. 12A

Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form							
Part I Short-Term. Transinstructions). For lo				eld 1 year or le	ss are ger	nerally short-te	rm (see	
Note: You may agg reported to the IRS Schedule D, line 1a	regate all s and for whi	hort-term tr ich no adjus	ansactions rep stments or cod	es are required	d. Enter th	e totals directly	y on	
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com	below. Chec page 1, for ea	k only one bach applicable	oox. If more than le box. If you have	one box applies	s for your s	hort-term transa	ctions,	
☒ (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas	•		•	e)	
1 (a)	(b)	(c) Date sold or	(d)	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (h) Gain or (li			
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	04/18/23	12/31/23	10,248.	23,766.	W	3.	-13,515.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

10,248.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

23,766.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side CHIRAG REDDY JITTA

Social security number or taxpayer identification number 835-98-6891

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099	9-B showing bas)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	10/17/22	12/31/23	4,041.	4,000.			41.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	4,041.	4,000.			41.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

835-98-6891

CHIRAG REDDY JITTA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transactions☒ (B) Short-term transactions☐ (C) Short-term transactions	s reported on	Form(s) 1099	9-B showing bas	•		•	e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
USDC	11/11/23	11/11/23	2,050.	2,050.			0.
BONK	12/17/23	12/28/23	4,013.	7,000.			-2,987.
USDC	12/28/23	12/31/23	1,900.	1,950.			-50.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), li i	lude on your ne 2 (if Box B	7,963.	11,000.			-3,037.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

Your social security number

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

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

2023	
Attachment Sequence No. 13	

CHIE	RAG REDDY JITTA						835-	98-6891	L	
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	re an ind	dividual, rep	oort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	10002 5	Soo inc	structions			oc 💆 No	_
	If "Yes," did you or will you file required Form(s) 1099?									
				· ·	• •			· 🗀 •	<u> </u>	_
1a	Physical address of each property (street, city, state, ZIF		<u> </u>							_
Α	HNO3-9-639/93, ANITHA NAGAR MANSOORABAD	,GSI	POST F	IYDER.	ABAD	,TELANGAN	IA IN	500068		_
В										_
С					1				1	_
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair				Fa	ir Rental		onal Use	QJV	
Α.						Days		Days		_
A B	gersonal use days. Check the Qui			A B		365		0		_
C	qualified joint venture. See instru	ctions	i.	С						_
	of Property:			C						_
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	ı	7	Self-Rental				
	Multi-Family Residence 4 Commercial	tai	6 Roya			Other (descr	rihe)			
	Width army residence 4 Commercial		O HOye	iiiies						
						Properti	es:			_
Incon				Α		В			С	_
3	Rents received	3		6	55.					_
4	Royalties received	4								
	nses:	_								
5	Advertising	5								_
6 7	Auto and travel (see instructions)	7		1 0	20.					_
8	Cleaning and maintenance	8		1,9	20.					_
9	Insurance	9								-
10	Legal and other professional fees	10								_
11	Management fees	11		1 5	35.					-
12	Mortgage interest paid to banks, etc. (see instructions)	12		Ξ,3						-
13	Other interest	13								_
14	Repairs	14		4,4	73.					_
15	Supplies	15			18.					_
16	Taxes	16								
17	Utilities	17		4,8	30.					
18	Depreciation expense or depletion	18		2,7	18.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		20,0	94.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must			10 4	20					
00	file Form 6198	21	•	-19,4	39.					_
22	Deductible rental real estate loss after limitation, if any, on Form 9592 (see instructions)		,	10 45	, ,	,				,
00-	on Form 8582 (see instructions)	22		19,43		(655)(_)
23a	Total of all amounts reported on line 3 for all rental proper				23a		655.			
b	Total of all amounts reported on line 4 for all royalty properties Total of all amounts reported on line 12 for all properties				23b					
c d	Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties				23c 23d	າ	,718.			
e	Total of all amounts reported on line 20 for all properties				23e		,094.			
24	Income. Add positive amounts shown on line 21. Do not				200	20	. 24	_		
25	Losses. Add royalty losses from line 21 and rental real estate		-		 nter t∩	tal losses her			19,439.	_
26	Total rental real estate and royalty income or (loss).							(_
	here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 10/0) line 5. Otherwise include this ar						06		_10 /20	

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number CHIRAG REDDY JITTA Sch E HNO3-9-639/93, ANITHA NAGAR 835-98-6891 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 78,000. 2,718. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,718. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. **858**

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

Identifying number

CHI	RAG REDDY JITTA				835	-98-	-6891
Pa							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Prance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo	unt from Part IV, co	olumn (b))	1b (19,439.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt IV, column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c					1d	-19,439.
All O	ther 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	ne amount from Pa	rt V, column (c))	2c ()		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtra	ct any prior year ι	ınallowed CRD. S	ee instructions. If	this line is		
	zero or more, stop here and include	-		· ·			
	prior year unallowed losses entered		•	on the forms and	schedules		10 400
	normally used					3	-19,439.
	If line 3 is a loss and: • Line 1d is a	-	TOKO OK MOKO) OK	n Dort II and so to	lina 10		
Cauti	on: If your filing status is married filing	oss (and line 1d is	•	-		voor	do not complete
	I. Instead, go to line 10.	separately and yo	u iivea witii your	spouse at any tin	e during the	year,	do not complete
	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Participa	ation		
	Note: Enter all numbers in Par			-			
4	Enter the smaller of the loss on line 1					4	19,439.
5	Enter \$150,000. If married filing separ	ately, see instructi	ons	5 1	50,000.		
6	Enter modified adjusted gross income	e, but not less than	zero. See instruc	tions 6 1	02,650.		
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-			
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	47,350.		
8	Multiply line 7 by 50% (0.50). Do not e					8	23,675.
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	CRD, see instruc	tions		9	19,439.
Par							
10		10 1 1				40	
11	Add the income, if any, on lines 1a an					10	0.
	Total losses allowed from all passiv	e activities for 20			ons to find		
Par	Total losses allowed from all passiv out how to report the losses on your t	e activities for 20 ax return	23. Add lines 9 an	d 10. See instruct	ons to find	10	0. 19,439.
Par	Total losses allowed from all passiv	e activities for 20 ax return e Part I, Lines 1	23. Add lines 9 an a, 1b, and 1c. S	d 10. See instruct ee instructions.		11	19,439.
Par	Total losses allowed from all passive out how to report the losses on your total V Complete This Part Before	e activities for 20 ax return	23. Add lines 9 an a, 1b, and 1c. S	d 10. See instruct		11	
Par	Total losses allowed from all passiv out how to report the losses on your t	e activities for 20 ax return e Part I, Lines 1	23. Add lines 9 an a, 1b, and 1c. S	d 10. See instruct ee instructions.		11 rall ga	19,439.
	Total losses allowed from all passive out how to report the losses on your total V Complete This Part Before	e activities for 20 ax return e Part I, Lines 1: Currer (a) Net income	23. Add lines 9 an a, 1b, and 1c. S at year (b) Net loss	d 10. See instruct	Ove	11 rall ga	19,439.
	Total losses allowed from all passive out how to report the losses on your total tot	e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income (line 1a)	23. Add lines 9 and 1	d 10. See instruct	Ove	11 rall ga	19,439. in or loss (e) Loss
	Total losses allowed from all passive out how to report the losses on your total tot	e activities for 20 ax return e Part I, Lines 1 Currer (a) Net income (line 1a)	23. Add lines 9 and 1	d 10. See instruct	Ove	11 rall ga	19,439. in or loss (e) Loss

0.

19,439.

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

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	e Part I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			•	
Name of activity	Currer		Prior y	ears	Overall gain or loss				
Name of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(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	Part II,	, Line 9. S	ee instruc	ctions.				
Name of activity	Form or schedule and line number to be reported on (see instructions)	line number e reported on (a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
HNO3-9-639/93,ANITHA NAGAR	E Ln 22		19,439.	1.0000	0000	19,43	39.	0.	
Total		19,439.		1.00		19,43	39.	0.	
Part VII Allocation of Unallowed L	osses. See instr								
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c) Unallowed loss	
Total					1.00				
Part VIII Allowed Losses. See instr					1				
Name of activity	Form or schedule and line number to be reported or (see instructions)		(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss	
							-		
Total									



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

	t mail this form to the II			For Tax Year	(MM/DD/YY	')		or Fisca	l Year	beginni	ng (MM	/DD/YY)
Depar	tment of Revenue. Reta	in with you	r records.	12/31/	23							
Tax Ty	ре											
X	Individual Income (DR 0104)	Corporate (DR 0112			nership/9 0106)	S-Corp In	come)		Fiduc (DR 0		ncome
Тахрау	er Last Name or Business Nam	е	First Na	me or Busine	ess DBA if	different fr	om Bu	siness N	lame			Middle Initia
JITT	'A		CHIRA	AG REDDY								
Spous	e's Last Name (if applicable)		First Na	me								Middle Initia
Тахрау	er SSN or ITIN		Spouse	SSN or ITIN	(if applicab	ole)			FEI	N		
835-	98-6891											
Taxpay	ver or Business Address				City					State	ZIP	
7303	SOUTH XENIA CIRCL	£			CENTE	NNIAL				CO	801	12
		Р	art I — Tax	Return Ir	nformati	ion						
 1 . Tota	al Income from your feder	al return (see	instructions	s for more	informat	ion)	1	\$				83211
2. Tax	able Income (or allowable more information)						s 2	\$				69361
	orado Tax from your Colo						3	\$				3052
	orado Tax Withheld or Pa nore information)	yments, from	your Colora	ado return	(see ins	tructions	4	\$				4417
		Ра	art II — Dec	laration o	of Tax Pa	ayer						
Federal/0	enalties of perjury, I declare that the Colorado income tax returns, and that and that I (or my Electronic Return s, and attachments upon request by	at said tax returns, st Originator (ERO) if	tatements, sche applicable) may	dules and attac be required to	chments are provide pa	true, correct per copies o	, and co f this de	mplete to eclaration,	the be	est of my eturns, v	y knowle withhold	edge and belief ing statements
Signatu		·			5			(MM/DD/	-			
Spouse	e's Signature (If Joint Return, Bo	oth Must Sign)					Date	(MM/DD/	YY)			
		Part III — D	Declaration	of ERO/F	reparer	/Transm	itter					
	If the transmitter did not	prepare the ta	ax return, ch	neck here								
the prepa taxpayer correct, a have pro of limitati	ot the preparer, I declare only that the arer, under penalties of perjury I declared and the amounts shown in Part I abound complete to the best of my know vided the taxpayer with copies of all ons, and to provide paper copies of at any time during this period.	are that I have revie ove agree with the a rledge and belief. As forms and informat	ewed the above to smounts shown of spreparer, I furto tion filed. I also	caxpayer's Fede on said tax retu ther declare that agree to mainta	eral/Colorad rns, and that at I have obt ain this sign	o income tax t said tax retu ained the tax ed Form (DR	returns irns, sta cpayer's 8 8454)	and that tements, signature for the pe	the inf sched e on th riod c	ormation ules, and nis form overed l	n provid d attach at the ti by the C	ed to me by the nments are true me of filing and colorado statute
ERO's	Signature				Pre	eparer Iden	tificatio	n Numb	er, Yo	our SSI	N, or IT	IN
SYAM	I PRIYA RAM SAGAR G	JPTA TALLAN	M		P	0208270)3					
	Object: Mark D				Date	e (MM/DD/Y	Y)					
	Check if also Prepare	er X			0:	2/18/24						





DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 1 of 4
(0013)

2023 Colorado Individual Income Tax Return

	r or Nonreside dent combina) 104	4PN	Mark see i			d on due o	late –	
Your Last Name		ĺ	Your Fir	st Nam	е						Middle	Initial
JITTA			CHIR	AG RI	EDD	Y						
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed								
03/21/1994	835-98-68	91				the DF	cked and cla R 0102 and	deatl	h cer	rtificate wit	h your re	
Enter the following information from your current		State of	f Issue		Last 4	characters of I	D num	nber	Date of Issua	ance		
driver license or state identification card.			CO			5775	5			06/14/2	:1	
If Joint, Spouse's Last Name			Spouse'	's First I	Name	е					Middle	Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed	_							
							cked and cla R 0102 and					
Enter the following information	n from vour sr	ouse's	State of	f Issue		Last 4	characters of I	D num	nber	Date of Issua	ance	
current driver license or state	identification	card.										
Mailing Address									Phon	e Number		
7303 SOUTH XENIA CIRCL	ıΕ								(31	6)200-12	250	
City				State	ZIP	Code		Fore	ign C	country (if app	olicable)	
CENTENNIAL				CO	80)112						
To see if you or members	s of your hous	sehold qua	lify for f	ree or	red	uced-	cost health	cove	rage	e, check thi	s box if:	
You are a Colorado re AND											•	
 You give permission for for Health Colorado (the 												nect
									Ro	und To The	Nearest D	Oollar
Enter Federal Taxable Income from your federal income tax form:									69361			
1040, 1040 SR, or 1040 SF Include W-2s and 1099s with 0		.a					• 1					0.0
Include W-2s and 1099s with C		ditions to	Federa	ıl Taxa	able	Incor	me					
2. State and Local Income tax												
Schedule A. (see instruction							• 2					0 0
3. Qualified Business Income	Deduction A	ddback (se	ee instru	<u>uctio</u> ns	s)		• 3					0 0



DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 2 of 4

230104 21555

Name Name		SSN or ITIN	
CHIRAG REDDY JITTA		835-98-6891	
Federal Deduction addback (see instructions)	• 4		0 0
5. Nonqualified CollegeInvest Tuition Savings Account distributions			
(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	8	69361	0 0
Colorado Subtractions			10 0
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the			
DR 0104AD schedule with your return.	• 9		0 0
	4.0	69361	
10. Colorado Taxable Income, subtract line 9 from line 8	• 10	ND 0404DN Cabadula	0 0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and 11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the	ı part-year L	DR 0104PN Schedule	_
DR 0104PN with your return if applicable.	• 11	3052	00
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the	<u> </u>		
DR 0104AMT with your return.	• 12		00
13. Recapture of prior year credits	• 13		00
		3052	
14. Subtotal, sum of lines 11 through 13	14		0 0
15. 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		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 make the contract of the sum of lines 15 and 17 cannot exceed line 14, you make the contract of the contract o			
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 cal			
exceed line 14, you must submit the DR 1330 with your return.	• 17		00
		3052	
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	18	5052	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
20. Net Colorado Tax, sum of lines 18 and 19	20	3052	0 0
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s ar		4417	
1099s claiming Colorado withholding with your return.	• 21	441/	00
22. Drier year Catimated Tay Carryforward	. 22		0.0
22. Prior-year Estimated Tax Carryforward23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for	• 22		0 0
this tax year	• 23		0 0
ano tan your	- 20		U U



DR 0104 (11/28/23) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

Page 3 of 4

Name	SSN or ITIN
CHIRAG REDDY JITTA	835-98-6891
25. Other Prepayments:	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	4417 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	83211 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	83211 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 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	4417 00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 36	1365 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 you Colorado charity, include Form DR 0104CH to contribute.	our overpayment to a qualified
38. Refund, subtract line 37 from line 36 (see instructions) • 38	1365 00
	Savings CollegeInvest 529
Deposit Account Number 5 1 8 0 0 8 7 4 3 3 7 2	
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInves	st.org or call 800-448-2424.



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<u>Z30104 41333 </u>			
Name			SSN or ITIN
CHIRAG REDDY JITTA			835-98-6891
39. Net Tax Due, subtract line 35 from line 20		39	0
40. Delinquent Payment Penalty (see instructions	•	40	0
41. Delinquent Payment Interest (see instructions		41	0
42. Estimated Tax Penalty, you must submit the I (see instructions)	•	42	0
43. Amount You Owe, sum of lines 39 through 42	2	43	
The State may convert your check to a one-time electronic b by the State. If converted, your check will not be returned. If Revenue may collect the payment amount directly from your	your check is rejected due to insufficient or und		
	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. Com	plete the f	ollowing:
Designee's Name		Phone N	Number
•		•	
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return i	s true, correc	
Your Signature			Date (MM/DD/YY)
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)
Paid Preparer's Name		Paid Pre	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.