### 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

Subm	nission Identification Number (SID)				
Taxpay	yer's name	Social securit	y numb	er	
KRI	SHNA BANDLA	758-17-	-6851	l	
Spouse	e's name	Spouse's soc	ial secu	rity number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re aut	horizing.)	
	whole dollars only on lines 1 through 5.	, ,			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	116,	,950.
2	Total tax		2	18,	,142.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,	,168.
4	Amount you want refunded to you		4		26.
5	Amount you owe		5		
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and k	reep a cop	y of y	our retur	'n)
return to sen for an Agent payme author payme busine taxes person	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmount my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the penal identification number (PIN) below is my signature for the income tax return (original or amended) I aronic Funds Withdrawal Consent.	itter, or electro ection of the tr S. Treasury all cated in the te in to debit the the authoriza- uests must be processing of ayment. I furt	onic ret cansmise nd its cax prep entry tation. To the receivent the ele- ther ac	urn originatesion, (b) the designated for this according to this according to the formula of the	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the
Тахр	ayer's PIN: check one box only				
	▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN $\frac{\mid 7}{\mid}$	6 8	3 5 1	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but r all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	ana'a DINI, ahaak ana hay aniy				
Spou	se's PIN: check one box only	an a DINI			
L	I authorize to enter or generate   to enter or generate	-	or five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 0 er all ze	8 2 7 ros	1
autho	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income ta rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Ir	itting this retu	ırn in a	ccordance	
EDO'	s signature ▶ Date ▶				
ENU	s signature ► Date ►  ERO Must Retain This Form — See Instructions				
	End wigh netall this form — see instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

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



For the year Jan	n. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate ins	tructions.
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securi	ty number
KRISHNA			BANI	OLA					758	17   6	851
If joint return, s	pouse's	s first name and middle initial	Last na	ame							curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electi	ion Campaign
12504 RC	OSEV	VELT LN					В3		I .	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code				ntly, want \$3 Checking a
ENGLEWOO	DD				CO	)	80112			low will not	0
Foreign country	/ name			Foreign province/state/o	count	у	Foreign posta	l code	your tax	x or refund	
										You	Spouse
Filing Status	; X	Single				☐ Head of he	ousehold (H	OH)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving sp	ouse	(QSS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS bo	k, ente	er the ch	ild's name	if the
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navn	nent for prope	rty or service	es): or	(b) sell.		
Assets		ange, or otherwise dispose of a digi					-			☐ Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	nt	e as a	a dependent					
Deduction		Spouse itemizes on a separate return	n or yoı	u were a dual-status	alien	·					
A ao /Plindnoo		Were born before January 2, 19	050 [	Are blind <b>Sne</b>		. Nas bar	n hoforo lor	ulon (	2 1050	☐ Is b	lind
			909 [		ouse:		n before Jar				
Dependents		instructions): irst name Last name		(2) Social security number	′	(3) Relationsh to you	ip   ·	d tax c	-	1	e instructions): ther dependents
If more	(1)	rist name Last name		Hamber		to you	Onn		- Icuit	Orcall for or	
than four dependents,								$\dashv$			
see instructions	s —							$\overline{H}$			
and check here	1							$\frac{\square}{\square}$			
-	1a	Total amount from Form(s) W-2, bo	ov 1 (ec	e instructions)	ı		I	ш_	. 1a	1	<u> </u>
Income	b	Household employee wages not re	`	,				•	. 1b		10, 331.
Attach Form(s)	C	Tip income not reported on line 1a		` '				•	. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	,				•	. 10		
W-2G and	e	Taxable dependent care benefits f			i ioti u	0110110)		•	. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		*				•	. 16		
If you did not	g g	Wages from Form 8919, line 6.						•	. 19		
get a Form	h	Other earned income (see instructi			•			·	. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i	·			
	z	Add lines to through th							. 1z	1	16,931.
Attach Sch. B		1	2a	i i	b Ta	axable interest	i		. 2b		· ·
if required.	3a	Qualified dividends	3a	4.0		rdinary divider			. 3b		19.
	4a		4a			axable amoun			. 4b		
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amount	t		. 5b	,	
Deduction for— Single or	6a	Social security benefits	6a			axable amount			. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum el						. [			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	if required. If not requ	ired,	check here		. [	<b>□</b> 7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule							. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e			. 9	1	16,950.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26					. 10	,	<u> </u>
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne				. 11	1	16,950.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				. 12		13 <b>,</b> 850.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		13 <b>,</b> 850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our <b>t</b>	axable incom	ie		. 15	j 1	03,100.

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	18,142.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	18,142.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	18,142.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	18,142.
<b>Payments</b>	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				<b>25a</b> 18	3,168.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	)			25c			
	d	Add lines 25a through 25c						25d	18,168.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. Th	nese are your <b>to</b>	tal payments				33	18,168.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	t you <b>overpaid</b>		34	26.
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	26.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	3 9	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 3 8 1	0 5 6 5	8 2 0 0	0 0				
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.							
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	structions) .			38			
<b>Third Party</b>		you want to allow another	•			_			
Designee							•		⊠ No
		signee's me		Phone no.			onal identi ber (PIN)	fication	
Sign		der penalties of perjury, I declare th	at I have examined	d this return and	accompanying sched		, ,	the best	of my knowledge and
Here	be	lief, they are true, correct, and comp	olete. Declaration o	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of whic	n prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	e IRS sei	nt you an Identity
						ection P inst.)	IN, enter it here		
Joint return? See instructions.				SOFTWARE DEVELOPER					
Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		oth must sign.	Date	Spouse's occupation	on	Iden		nt your spouse an ection PIN, enter it here
	Ph	one no. (609) 357-899(	 )	Email address	BANDLA.KRISH	NA7@GMAIL.C	' MC		
	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/20/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TAX				, , , , , , , , , , , , , , , , , , , ,			(678) 965-9522
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			's EIN	84-3171965
	<u></u>	4040 ( )			-		,		= 1010



238454 11555

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

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# State of Colorado Income Tax Declaration for Online Electronic Filing

<b>Do not mail</b> this form to the IRS or the Colorado			For Tax Year (MM/DD/YY)				or Fiscal Year beginning (MM/DD/YY)					
Depar	tment of Revenue. <b>F</b>	Retain with y	your records.	12/31/	23							
Tax Ty	ре											
Σ	Individual Income (DR 0104)		orate Income 0112)		nership/S-0 0106)	Corp Inco	ome	<b>:</b>		Fiduo (DR 0		Income )
Taxpay	er Last Name or Business	Name	First Na	ame or Busine	ess DBA if dif	ferent from	Bus	siness N	ame			Middle Initia
BANI	DLA		KRISHNA									
Spous	e's Last Name (if applicable	e)	First Na	ame								Middle Initia
Taxpay	rer SSN or ITIN		Spouse	SSN or ITIN	(if applicable)				FE	IN		
758-	-17-6851											
Taxpa	yer or Business Address				City					State	ZIP	
1250	)4 ROOSEVELT LN A	APT B3			ENGLEWO	OOD				CO	80	112
			Part I — Tax	x Return lı	nformation	า						
1 Tot	al Income from your fe	aderal return (	see instruction	e for more	information	n)	1	\$				116950
<b>2.</b> Tax	cable Income (or allow more information)						2	\$				103100
	orado Tax from your C						3	\$				4536
	orado Tax Withheld or nore information)	Payments, fr	rom your Color	ado return	(see instru	ıctions	4	\$				4947
<u> </u>	noro imorriadiori,		Part II — Dec	claration c	of Tax Pay	er		Ψ				
Federal/ I underst	enalties of perjury, I declare that Colorado income tax returns, ar tand that I (or my Electronic Re as, and attachments upon reque	nd that said tax retu eturn Originator (EF	rns, statements, sche	edules and attac y be required to	chments are tru provide paper	e, correct, ar copies of th	nd co iis de	mplete to claration,	the b my r	est of meturns,	y know withhol	vledge and belief Iding statements
Signati		st by the Colorado	Department of Neve	nue at any time	during the pen			(MM/DD/		tute of in	illitatioi	115.
Spouse	e's Signature (If Joint Retur	n, Both Must Sig	n)				ate	(MM/DD/	YY)			
		Part III	— Declaration	n of ERO/F	Preparer/Ti	ransmitt	er					
	If the transmitter did i	not prepare th	ne tax return, cl	heck here								
the prepa taxpayer correct, a have pro of limitat	ot the preparer, I declare only the arer, under penalties of perjury I and the amounts shown in Parl and complete to the best of my wided the taxpayer with copies ions, and to provide paper copies at any time during this period.	I declare that I have t I above agree with knowledge and be of all forms and inf	e reviewed the above the amounts shown lief. As preparer, I fur formation filed. I also	taxpayer's Fedon said tax return ther declare that agree to mainta	eral/Colorado ir rns, and that sa at I have obtain ain this signed	ncome tax ret iid tax returns ed the taxpa Form (DR 84	turns s, sta yer's 154) f	and that t tements, s signature for the pe	the in sched on the riod of	formatio dules, ar his form covered	n provi nd attac at the by the	ided to me by the chments are true time of filing and Colorado statute
ERO's	Signature				Prepa	arer Identifi	catio	n Numb	er, Y	our SSI	N, or I	TIN
SYAM	1 PRIYA RAM SAGAF	R GUPTA TAI	LLAM		P02	P02082703						
		eparer X			Date (N	Date (MM/DD/YY)						
	Check if also Pre	02/20/24										





DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
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(0013)

### 2023 Colorado Individual Income Tax Return

	r or Nonreside dent combina				0104	₽N	Mark see i			d on due ons	date –	
Your Last Name		ĺ	Your Fir	st Nam	е						Middl	e Initial
BANDLA			KRIS	HNA								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed								
04/09/1994	758-17-68	351		L		the DF	cked and cla R 0102 and	deatl	h cer	rtificate wit	th your r	
Enter the following information	n from vour ci	ırrent	State of Issue Last 4 characters of IE				D number Date of Issuance					
driver license or state identific	•		СО			7287	7			05/05/2	23	
If Joint, Spouse's Last Name			Spouse'	's First I	Name	•					Middl	e Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed							ı.	
						If ched the DF	cked and cla R 0102 and	aimin deatl	g a r h cer	efund, you rtificate wit	ı must ir th your r	nclude eturn.
Enter the following information	n from vour er	)()(SA'S	State of	f Issue		Last 4 o	characters of I	D num	nber l	Date of Issu	ance	
current driver license or state	identification	card.										
Mailing Address									Phon	e Number		
12504 ROOSEVELT LN APT	. B3								(60	9)357-8	990	
City				State	ZIP	Code		Fore	ign C	ountry (if ap	plicable)	
ENGLEWOOD				CO	80	112						
To see if you or members	s of your hou	sehold qua	lify for f	ree or	red	uced-	cost health	cove	rage	, check th	is box if	:
You are a Colorado re     AND	esident and a	t least one	person	in you	ır ho	useho	old does no	t hav	e he	alth cover	age	
<ul> <li>You give permission for for Health Colorado (the</li> </ul>												nnect
				-						und To The		Dollar
Enter Federal Taxable Income		r federal in	come ta	ax forr	n:						10310	0   -
1040, 1040 SR, or 1040 SI Include W-2s and 1099s with 0		.~					• 1					<u> </u>
Include W-2s and 1099s with C		lg. I <b>ditions to</b>	Fodors	l Tays	ahla	Incor						
2. State and Local Income ta												
Schedule A. (see instruction							• 2					0 0
2 Qualified Desirons Income	Doduction A	ddbael: /a-	o insta	ıotio = =	.\							0 0
3. Qualified Business Income	Deduction A	uuback (se	e instru	actions	5)		• 3					υU



DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
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230104	21555	Page 2 of 4			
Name				SSN or ITIN	
KRISHNA BANDLA				758-17-6851	
4. Federal Deduct	ion addback (see instruction	ns)	• 4		0 (
	ollegeInvest Tuition Savings		<b>-</b>		
(see instruction			• 5		0 (
,					
6. Nonqualified Co	olorado ABLE Account distri	ibutions (see instructions)	• 6		0 (
	s, explain (see instructions)		• 7		0 (
Explain:					
				102100	
8. Subtotal, sum o	of lines 1 through 7		8	103100	0 (
		Colorado Subtractions			
		e, line 23, you must submit the			
DR 0104AD sch	nedule with your return.		• 9		0 (
40 0 1 1 7 1		l' 0	40	103100	
	ole Income, subtract line 9 fr		• 10	D 0404DN Cabadula	0 (
		4 Book for full-year tax table and 4PN line 36, you must submit the	part-year D	R 0104PN Schedule	
	th your return if applicable.	+FIN line 30, you must submit the	• 11	4536	0 (
		IAMT line 8, you must submit the	• 11		
DR 0104AMT w		7 twi i iii o o, you must submit the	• 12		0.0
21(0101711111111111111111111111111111111	Titri your rotarm				
13. Recapture of pr	ior year credits		• 13		0 (
				4536	
	of lines 11 through 13		14	4550	0 (
		R line 54, the sum of lines 15, 16, a	and 17		
		DR 0104CR with your return.	• 15		0 (
		ts used – as calculated, or from the			ŀ
		nd 17 cannot exceed line 14, you m			0 (
	1366 with your return.	the sum of lines 15, 16, and 17 car	• 16		- 01
	you must submit the DR 13		• 17		0 (
<u> </u>	jea maer easime the Brt 10	oo man your roturn.		4526	
18. Net Income Tax	c, sum of lines 15, 16, and 1	7. Subtract that sum from line 14.	18	4536	0 (
		dule line 7, you must submit the			
DR 0104US wit	h your return.		• 19		0 (
				4536	
	ax, sum of lines 18 and 19		20		0 (
		099s, you must submit the W-2s ar	i	4947	
1099s claiming	Colorado withholding with y	our return.	• 21		0 (
22 Drior voor Eatin	nated Tay Carryforward		• 22		0 (
	nated Tax Carryforward				0 (
	Payments enter the sum of	the quarterly navmente remitted to	ir i		
<b>23.</b> Estimated Tax I	Payments, enter the sum of	the quarterly payments remitted for	i		0.0
	Payments, enter the sum of	the quarterly payments remitted fo	• 23		0 (



DR 0104 (11/28/23) COLORADO DEPARTMENT OF REVENUE

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KRISHNA BANDLA	
	758-17-6851
<b>25.</b> Other Prepayments:	0 0
<b>26.</b> Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	0 0
27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must	0
submit each DR 0617 with your return. • 27  28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR	00
with your return. • 28	0 0
<b>29.</b> Subtotal, sum of lines 21 through 28	4947 00
Modified AGI for TABOR	1
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect y <b>30.</b> Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR,	
or 1040 SP • <b>30</b>	116950 00
31. Nontaxable Social Security Income • 31	0.0
32. Nontaxable interest income from state and local bonds • 32	0 0
<b>33.</b> Sum of lines 30 through 32: Modified AGI for TABOR <b>33</b>	116950 00
This space is reserved for future use.	
<b>34.</b> State Sales Tax Refund: For full-year Colorado residents, born before 2005, or	
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	800
<b>34.</b> 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	0 0
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	
<ul> <li>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.</li> </ul>	57.47
<ul> <li>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.</li> <li>35. Sum of lines 29 and 34</li> </ul>	5747 00
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## DR 0104 (11/28/23) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov

Tax.Colorado.gov
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Name			SSN or ITIN							
KRISHNA BANDLA			758-17-6851							
<b>39.</b> Net Tax Due, subtract line 35 from line 20	39			00						
40. Delinquent Payment Penalty (see instructions)	• 40			00						
<b>41.</b> Delinquent Payment Interest (see instructions) <b>42.</b> Estimated Tax Penalty, you must submit the D				00						
(see instructions)	• 42	?		00						
<b>43.</b> Amount You Owe, sum of lines 39 through 42	• 4:	3								
by the State. If converted, your check will not be returned. If you	The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.									
-	Third Party Designee									
Do you want to allow another person to discuss this return and any related information with the Colorado • X No • Yes. Complete the following: Department of Revenue? See the instructions.										
Designee's Name		Phone N	lumber							
•		•								
Sign Below Under penalties of perjury, I declare that to the	best of my knowledge and belief, this return is t	ue, 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 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 80261-000**5** 

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.