Internal Revenue Service

below.

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

Тахрау	ver's name	Social security	y number
KRI	SHNA BANDLA	758-17-	-6851
Spouse	s's name	Spouse's soci	al security number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you ar	re authorizing.)
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		1 116,950.
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

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

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.

Taxpay	er's PIN: che	ck one box only				76	8 5	1	
×	l authorize	GLOBAL TAXES	LLC	to enter or generate m	ny PIN				as my
	signature or	the income tax retu	ERO firm name urn (original or amended) I am now a	uthorizing.			ive digits, l enter all zei		
			ure on the income tax return (original N and your return is filed using the						
Your sig	nature 🕨		La La D	Date►	02/20/2	4			
Spouse	's PIN: chec	k one box only					<u> </u>		
	I authorize			to enter or generate m	ny PIN				as my
			ERO firm name				ive digits, l		
	signature or	the income tax retu	urn (original or amended) I am now a	uthorizing.		don't e	enter all zei	ros	
		, , , , , , , , , , , , , , , , , , , ,	ure on the income tax return (original N and your return is filed using the	,		0			

Spouse's s	signature 🕨 D	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			0 all zer	2	7	1

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 Date							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Demonstral, Deduction Act No.	the second and we have been attended and	DEV/ 00/44/04 DDO	Farm 8870 (Day, 01 0001)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	–Do not w	vrite or sta	ple in this space.	
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.	
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number	
KRISHNA			BAN	DLA								6851	
	oouse's	s first name and middle initial	Last r									security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr	
12504 RC	OSE	VELT LN						В	3			ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode	spouse if filing jointly, want \$3 to go to this fund. Checking a			
ENGLEWOC	D					CC	C	801	12			not change	
Foreign country	name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code	your tax	_	_	
											∐ Yo	ou 🔄 Spouse	
Filing Status		Single					Head of ho	ouseho	old (HOH)				
Check only		Married filing jointly (even if only or	ne hac	l income)			_						
one box.		Married filing separately (MFS)							ing spouse				
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or QS	SS box, ente	er the chi	ild's nai	me if the	
	qu	alifying person is a child but not you	ir aepe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services); or	(b) sell,			
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	🗌 Ye	es 🛛 No	
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1						
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	re January	2, 1959	🗌 ls	s blind	
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationshi	ip (4	Check the b	ox if quali	fies for (see instructions):	
If more		irst name Last name			number		to you		Child tax c	redit	Credit fo	r other dependents	
than four													
dependents, see instructions													
and check													
here 🗌													
Income	1a	Total amount from Form(s) W-2, be								. 1a		116,931.	
Attach Form(s)	b	Household employee wages not re	•		.,					. 1b	-		
W-2 here. Also	c	Tip income not reported on line 1a						• •		. <u>1</u> c	-		
attach Forms W-2G and	d	Medicaid waiver payments not rep						• •		. 1d			
1099-R if tax	e	Taxable dependent care benefits f			,			• •		. 1e	-		
was withheld. If you did not	f	Employer-provided adoption bene			,			• •		. 1f	-		
get a Form	g h	Wages from Form 8919, line 6 . Other earned income (see instructi				• •		• •		. <u>1g</u> . 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,	tructions	· · · ·	• •	 1 i	ì					
instructions.	z	Add lines 1a through 1h	500 110			• •	· · _ ·	_		. 1z		116,931.	
Attach Sch. B	2a	- 1	2a			ь. • т	axable interest			. 2b			
if required.	3a		3a		19.		Ordinary divider			. 3b		19.	
	4a		4a				axable amount			. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amount			. 5b			
 Single or 	6a	Social security benefits	6a				axable amount			. 6b			
Married filing separately,	с	If you elect to use the lump-sum e	lection	n method,	check here	(see	instructions)		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	, check here		[7			
jointly or	8	Additional income from Schedule								. 8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	com	e			. 9		116,950.	
\$27,700 • Head of	10	Adjustments to income from Sche								. 10			
household,	11	Subtract line 10 from line 9. This is	-							. 11		116,950.	
\$20,800 • If you checked T	12	Standard deduction or itemized								. 12		13,850.	
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	899	95-A			. 13		10 0	
Deduction, see instructions.	14	Add lines 12 and 13	•••	• • •	· · · ·	• •		• •		. 14		13,850.	
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-U This is y	our	taxable incom	е.		. 15		103,100.	

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

Form 1040 (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	18,142.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	18,142.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					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-e						23	0.
	24	Add lines 22 and 23. This is						24	18,142.
Payments	25	Federal income tax withheld							,
	а	Form(s) W-2				25a 18	,168.		
	b	Form(s) 1099				25b	·		
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,				2	25d	18,168.
If you have a	26	2023 estimated tax payment						26	·
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-				33	18,168.
Refund	34	If line 33 is more than line 24						34	26.
neruna	35a	Amount of line 34 you want	-			, ,	_ +	5a	26.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	3 9			Savings	-	
See instructions.	ď	Account number 3 8 1					Savingo		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Third Party		you want to allow another							
Designee		structions					omplete belo	ow.	× No
Decignee	De	signee's		Phone			onal identifica		
	nar			no.		numb	oer (PIN)		
Sign		der penalties of perjury, I declare tl							
Here	bei	ief, they are true, correct, and com	piete. Declaration of	of preparer (othe		ased on all informatio			, ,
	Yo	ur signature		Date	Your occupation				you an Identity
Joint return?					SOFTWARE I	TEVELOPER	(see inst		I, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the IR	S sent	your spouse an
Keep a copy for	op	ouoo o olgitatai of it a joint fotani, i	e in moor olgin	2410					ction PIN, enter it here
your records.							(see inst	.)	
	Ph	one no. (609) 357-899	0	Email address	BANDLA.KRIS	HNA7@GMAIL.CC	М		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	(Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM <u>S</u> AGAR	GUPTA TALLAM	02/20/2024	P020827	03	Self-employed
Preparer	Fin	m's name GLOBAL TAX	XES LLC				Phone r	ю. (Е	578)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	v/Forn	1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)



DR 8454 (09/28/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov Page 1 of 1

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colora			For Tax Year	(MM/D	D/YY)			or Fiscal	Year beginr	ing (MN	I/DD/YY)		
Department of Revenue. Retain with your red		ecords.	12/31/3	23									
Tax Ty	pe												
X	Individual Income (DR 0104)	Corporate In (DR 0112)	icome	Partr (DR			orp Inco	ome	;		ciary I 0105)	ncome	
Тахрау	er Last Name or Business Nam	e	First Na	me or Busine	ess DE	A if diffe	erent fron	n Bus	siness Na	ame		Middle	Initial
BAND	DLA		KRISH	INA									
Spous	e's Last Name (if applicable)		First Na	me								Middle	Initial
Тахрау	er SSN or ITIN		Spouse \$	SSN or ITIN (if appl	icable)				FEIN			
758-	17-6851												
Тахрау	ver or Business Address				City					State	ZIP		
1250	4 ROOSEVELT LN APT	В3			ENG	GLEWOO	DD			СО	80	112	
		Part	I — Tax	Return Ir	nform	nation							
	al Income from your feder							1	\$			1169	950
	able Income (or allowable more information)	e deduction) from	your fee	deral returi	n (se	e instru	uctions	2	\$			1031	00
	3. Colorado Tax from your Colorado return (see instructions for more information) 3							536					
	orado Tax Withheld or Pa nore information)	yments, from you	ur Colora	ado return	(see	instruc	tions	4	\$			49	947
				laration o									
Federal/0	enalties of perjury, I declare that the Colorado income tax returns, and tha and that I (or my Electronic Return (s, and attachments upon request by	t said tax returns, staten Originator (ERO) if appl	nents, scheo icable) may	dules and attact	hments provid	are true, e paper c	correct, a copies of the	nd co nis de	mplete to reclaration,	the best of n my returns,	ny knowl withhold	edge and ding stater	belief.
Signatu				, , , , , , , , , , , , , , , , , , ,	J	· · · · ·			(MM/DD/			-	
Spouse	e's Signature (If Joint Return, Bo	th Must Sign)					[Date	(MM/DD/`	YY)			
		Part III — Dec	laration	of ERO/P	repa	rer/Tra	ansmitt	er					
	If the transmitter did not prepare the tax return, check here												
the prepa taxpayer correct, a have pro- of limitati	If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns, and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.												
ERO's	Signature					Prepar	er Identifi	catio	n Numbe	er, Your SS	N, or I⁻	FIN	
SYAM	I PRIYA RAM SAGAR GU	JPTA TALLAM				P020	82703						
						Date (MI	M/DD/YY)						
	Check if also Prepare	er X				02/2	0/24						





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 Nonresident (or reside dent combination) *Mus		0104	PN		c if Abro nstructi	ad on due da ons	ate –	
Your Last Name	,	Your First Nam						Middle I	initial
BANDLA		KRISHNA							
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased							
04/09/1994	758-17-6851		t	the DF	R 0102 and	death c	refund, you ertificate with	your ret	
Enter the following information	n from vour current	State of Issue		Last 4 c	haracters of II	D number	Date of Issuar	ıce	
driver license or state identific		со		7287	,		05/05/23	3	
If Joint, Spouse's Last Name		Spouse's First	Name				•	Middle I	nitial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased							
			I	lf chec the DF	ked and cla R 0102 and	aiming a death c	refund, you ertificate with	must incl your ret	lude urn.
Enter the following information	n from vour spouse's	State of Issue		Last 4 c	haracters of I	D number	Date of Issuar	ıce	
current driver license or state	identification card.								
Mailing Address						Pho	one Number		
12504 ROOSEVELT LN APT	з в3					(6	09)357-89	90	
City		State	ZIP	Code		Foreign	Country (if appl	icable)	
ENGLEWOOD		CO	80	112					
To see if you or members	s of your household qua	lify for free or	redu	uced-c	cost health	coverag	e, check this	box if:	
You are a Colorado re AND	esident and at least one	person in you	ur ho	useho	old does not	t have h	ealth covera	ge	
	the Colorado Department e Colorado Health Benefit								nect
				•		R	ound To The N	learest Do	ollar
1. Enter Federal Taxable Inco 1040, 1040 SR, or 1040 SI	2	come tax for	m:		• 1			103100	00
Include W-2s and 1099s with	CO withholding.					•			
	Additions to Federal Taxable Income								
2. State and Local Income ta		es claimed o	n fed	eral fo					
Schedule A. (see instruction	ons)				• 2				00
3. Qualified Business Income	Deduction Addback (se	e instruction	s)		• 3				00

230104 21555

<u>230104 21555</u>	Page 2 of 4			
Name			SSN or ITIN	
KRISHNA BANDLA			758-17-6851	
			/00 1/ 0001	
4. Federal Deduction addback (see		• 4		0
5. Nonqualified CollegeInvest Tuition	n Savings Account distributions			
(see instructions)		• 5		0
6. Nonqualified Colorado ABLE Acc	ount distributions (see instructions)	• 6		0
7. Other Additions, explain (see inst	ructions)	• 7		0
Explain:				
8. Subtotal, sum of lines 1 through 7	,	8	103100	00
	Colorado Subtractions	0		
9. Subtractions from the DR 0104A	D Schedule, line 23, you must submit the			
DR 0104AD schedule with your re		• 9		00
10. Colorado Taxable Income, subtra	ct line 9 from line 8	• 10	103100	0
	s: see 104 Book for full-year tax table a		R 0104PN Schedule	
	e DR 0104PN line 36, you must submit the			
DR 0104PN with your return if ap		• 11	4536	0
	DR 0104AMT line 8, you must submit the			
DR 0104AMT with your return.		• 12		0
		• 12		
13. Recapture of prior year credits		• 13		0
		• 10		
14. Subtotal, sum of lines 11 through	13	14	4536	0
	DR 0104CR line 54, the sum of lines 15, 16			
	submit the DR 0104CR with your return.	• 15		0
	one credits used – as calculated, or from t			
•	15, 16, and 17 cannot exceed line 14, you			
submit the DR 1366 with your ret		• 16		0
	DR 1330, the sum of lines 15, 16, and 17 of			0
e ,				0
exceed line 14, you must submit t	në DR 1550 with your feturn.	• 17		
10 Not Income Tax, our of lines 15	16 and 17 Culture at that sums from line 14	40	4536	0
	16, and 17. Subtract that sum from line 14	. 18		0
•	IUS schedule line 7, you must submit the	10		
DR 0104US with your return.		• 19		0
20 Net Oslanda Taurana afiliana di			4536	
20. Net Colorado Tax, sum of lines 18		20		0
	-2s and 1099s, you must submit the W-2s		4947	
1099s claiming Colorado withhole	aing with your return.	• 21		0
22. Prior-year Estimated Tax Carryfo		• 22		0
	ne sum of the quarterly payments remitted			
this tax year		• 23		0
Extension Payment remitted with	the DR 0158-I	• 24		0

DR 0104 (11/28/23) COLORADO DEPARTMENT OF REVENUE Tax. Colorado.gov Page 3 of 4

230104 31555 Page 3 of 4			
Name		SSN or ITIN	
KRISHNA BANDLA		758-17-6851	
25. Other Prepayments: • DR 0104BEP • DR 010	08 🗌 • DR 1079 • 25		0.0
26. Gross Conservation Easement Credit from the DR 1305G I the DR 1305G with your return.	ine 33, you must submit • 26		0.0
27. Innovative Motor Vehicle and Innovative Truck Credit from f submit each DR 0617 with your return.	orm DR 0617, you must • 27	0	0.0
28. Refundable Credits from the DR 0104CR line 16, you must with your return.	submit the DR 0104CR • 28		0 0
29. Subtotal, sum of lines 21 through 28	29	4947	00
Modified AGI f		t your Colorado tox liability	
 Lines 30 through 33 are only used to calculate your TABO 30. Federal Adjusted Gross Income from your federal income t or 1040 SP 	ax form: 1040, 1040 SR,	116950	0 0
	• 30		
31. Nontaxable Social Security Income	• 31		00
32. Nontaxable interest income from state and local bonds	• 32		00
33. Sum of lines 30 through 32: Modified AGI for TABOR	33	116950	00
 State Sales Tax Refund: For full-year Colorado residents, b full-year Colorado residents who are under the age of eight to file a return. Enter \$800 for one gualifying taxpayer or \$1 	een but are required	800	
taxpayers filing jointly. See instructions if you are filing an e			00
35. Sum of lines 29 and 34	35	5747	00
36. Overpayment, if line 35 is greater than line 20 then subtract	t line 20 from line 35 36	1211	0 0
37. Estimated Tax Credit Carryforward to 2024 first quarter, if a	any. • 37		0 0
If you have an overpayment on line 38 below and would like to Colorado charity, include Form DR 0104CH to contribute.	donate all or a portion of	your overpayment to a quali	fied
38. Refund, subtract line 37 from line 36 (see instructions)	• 38	1211	0 0
Direct Routing Number 0 2 1 2 0 3 3 9 Ty	/pe: X Checking	Savings CollegeInvest	529
Deposit Account Number 3 8 1 0 5 6 5 8 2 0 0			
For questions regarding CollegeInvest direct deposit or to oper	n an account, visit CollegeInve	est.org or call 800-448-2424.	

220101 41555

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

1

<u> </u>	-		
Name			SSN or ITIN
KRISHNA BANDLA			758-17-6851
39. Net Tax Due, subtract line 35 from line 20	39		0.0
40. Delinquent Payment Penalty (see instructions	s) • 40		0.0
41. Delinquent Payment Interest (see instructions			0 0
42. Estimated Tax Penalty, you must submit the I (see instructions)	DR 0204 with your return • 42		0 0
43. Amount You Owe, sum of lines 39 through 42	• 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 uncolle		
	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	ete the fo	bllowing:
Designee's Name		Phone N	lumber
•		•	
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge and belief, this return is tru	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 Prep	barer'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:	If you are filing this return without a check or payment, please mail the return to:				
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 6	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.					