

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

Do not mail 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. R	letain with yo	our records.	12/31/	23						
Tax Ty	ре										
Σ	Individual Income (DR 0104)	Corpor (DR 01	rate Income I12)		nership/S-C 0106)	Corp Incom	ne		Fiduc (DR 0		Income
Taxpay	ver Last Name or Business I	Name	First Na	me or Busine	ss DBA if diff	erent from B	usiness N	lame			Middle Initia
GORA	GORANTLA ROHITHA										
Spous	e's Last Name (if applicable	;)	First Na	me							Middle Initia
Taxpay	er SSN or ITIN		Spouse	SSN or ITIN (if applicable)			FEIN			
133-	-31-2006										
Taxpa	yer or Business Address				City				State	ZIP	
3625	S EMPORIA WAY A	PT I-203			AURORA				CO	80	014
			Part I — Tax	Return Ir	formation						
1 . Tota	al Income from your fe	ederal return (se	ee instructions	s for more	information	1) 1	I \$				14510
 Total Income from your federal return (see instructions for more information) Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 											660
											29
	orado Tax from your C orado Tax Withheld or						3 \$				
	more information)	T dymonto, no	iii your oolore		(000 1110114		. \$				458
l la dan a	analkina af marina I danlara Ha		Part II — Dec				. l . l		حاله الماني		
Federal/ I underst	enalties of perjury, I declare that Colorado income tax returns, an tand that I (or my Electronic Re es, and attachments upon reque	nd that said tax returns turn Originator (ERO	s, statements, sche) if applicable) may	dules and attac be required to	hments are true provide paper	e, correct, and copies of this	complete to declaration	the b	est of meturns, v	y knowl withhold	ledge and belief ding statements
Signati		ist by the Colorado Di	epartment of Never	ide at any time	during the pend		e (MM/DD	_	idle of in	milalion	15.
								-			
Spouse's Signature (If Joint Return, Both Must Sign)						Date (MM/DD/YY)					
		Part III —	- Declaration	of ERO/P	reparer/Tr	ansmitter					
	If the transmitter did r	not prepare the	tax return, ch	neck here [
the preparate taxpayer correct, a have proof limitat	ot the preparer, I declare only the arer, under penalties of perjury I and the amounts shown in Part and complete to the best of my wided the taxpayer with copies ions, and to provide paper copies at any time during this period.	declare that I have re I above agree with th knowledge and belief of all forms and inform	eviewed the above to the amounts shown of f. As preparer, I furt mation filed. I also a	taxpayer's Fede on said tax retui ther declare that agree to mainta	eral/Colorado inc rns, and that sai t I have obtaine ain this signed F	come tax return d tax returns, s ed the taxpayer form (DR 8454	ns and that tatements, 's signatur) for the pe	the in sched e on the eriod o	formatio lules, an his form covered	n provious nd attac at the t by the 0	ded to me by the chments are true time of filing and Colorado statute
ERO's	Signature				Prepa	Preparer Identification Number, Your SSN, or ITIN					
SYAM	1 PRIYA RAM SAGAR	GUPTA TALI	LAM		P02	P02082703					
	Q1 1 1 1 1 =				Date (N	Date (MM/DD/YY)					
Check if also Preparer X				02/14/24							





DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
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2023 Colorado Individual Income Tax Return

	r or Nonreside dent combina				0104	.PN		k if Al instru		d on due	date –	
Your Last Name			Your Fir								Midd	le Initial
GORANTLA			ROHI	THA								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed								
12/04/1999 133-31-2006				L	t	he DF	cked and class R 0102 and	deatl	h cer	rtificate wi	th your	
Enter the following information from your current driver license or state identification card.			State of	fIssue	L	_ast 4 c	characters of I	D num	nber	Date of Issu	ance	
If Joint, Spouse's Last Name			Spouse'	's First I	Name						Midd	le Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed	- .							
					I	t chec the DF	cked and cla R 0102 and	death	g a r h cer	etund, you rtificate wi	u must i th your i	nclude return.
Enter the following information	n from vour sr	ouse's	State of	fIssue	L	_ast 4 c	characters of I	D num	nber	Date of Issu	ance	
current driver license or state identification card.												
Mailing Address									Phon	e Number		
3625 S EMPORIA WAY APT I-203										0)312-5		
City				State	ZIP	Code		Fore	ign C	ountry (if ap	plicable)	
AURORA				СО	80	014						
To see if you or members	•		•						_			f:
You are a Colorado resident and at least one person in your household does not have health coverage AND												
You give permission for												
for Health Colorado (the	e Colorado He	aith Benefit	Exchan	ge) and	ı ıne	Depai	imeni oi ne	aim		und To The		
1. Enter Federal Taxable Inco	come ta	ax forn	n:				ito	unu 10 me				
1040, 1040 SR, or 1040 SI					• 1				66	00		
Include W-2s and 1099s with 0	CO withholdir	g.										,
		ditions to										
2. State and Local Income ta:	es clain	ned or	n fed	eral fo						0.0		
Schedule A. (see instruction	nis)						• 2					0 0
3. Qualified Business Income	e instru	<u>ıction</u> s	s)		• 3					0 0		



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Name		SSN or ITIN	
ROHITHA GORANTLA		133-31-2006	
4. Federal Deduction addback (see instructions)	4		00
5. Nonqualified CollegeInvest Tuition Savings Account distributions			
(see instructions)	5		0 0
6. Nonqualified Colorado ABLE Account distributions (see instructions)	6		00
7. Other Additions, explain (see instructions)	7		00
Explain:			
8. Subtotal, sum of lines 1 through 7	8	660	0 0
Colorado Subtractions			
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the			
DR 0104AD schedule with your return.	9		0 0
10 O. I. T. II. I. II. O. II. O.	40	660	
10. Colorado Taxable Income, subtract line 9 from line 8 Tax, Prepayments and Credits: see 104 Book for full-year tax table and part		0.0404DN Cabadula	0 0
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the	-year DR		1
DR 0104PN with your return if applicable.	11	29	00
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the	••		
	12		0 0
,			
13. Recapture of prior year credits	13		00
44. Cubtatal auga of lines 44 through 42	4.4	29	0.0
14. Subtotal, sum of lines 11 through 13 15. Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, and 1	7		00
	15		00
16. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the	13		
DR 1366 line 85, the sum of lines 15, 16, and 17 cannot exceed line 14, you must			
	16		00
17. Strategic Capital Tax Credit from DR 1330, the sum of lines 15, 16, and 17 cannot			
exceed line 14, you must submit the DR 1330 with your return.	17		0 0
		29	
	18		0 0
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the	40		0.0
DR 0104US with your return.	19		00
20. Net Colorado Tax, sum of lines 18 and 19	20	29	00
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or	20		00
i · · · · · · · · · · · · · · · · · · ·	21	458	00
The state of the s			
22. Prior-year Estimated Tax Carryforward	22		00
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for			
1	23		00
24. Extension Payment remitted with the DR 0158-I	24		0 0



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Name	SSN or ITIN
ROHITHA GORANTLA	133-31-2006
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 0 0
28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return.	00
29. Subtotal, sum of lines 21 through 28	458 00
Modified AGI for TABOR	
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect y	your Colorado tax liability.
30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP • 30	14510 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	14510 00
This space is reserved for future use. 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	800
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	¹²⁵⁸ 00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 36	1229 00
37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. • 37	
If you have an evernoyment on line 29 helew and would like to denote all or a portion of you	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.	
Colorado charity, include Form DR 0104CH to contribute. 38. Refund, subtract line 37 from line 36 (see instructions) • 38	our overpayment to a qualified
Colorado charity, include Form DR 0104CH to contribute. 38. Refund, subtract line 37 from line 36 (see instructions) • 38	our overpayment to a qualified



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230104 41333	-				·=··				
Name				SSN or	IIIN				
ROHITHA GORANTLA				133-	31-2006				
39. Net Tax Due, subtract line 35 from line 20		39				0 0			
40. Delinquent Payment Penalty (see instructions	8)	• 40				0 0			
41. Delinquent Payment Interest (see instructions				0 0					
42. Estimated Tax Penalty, you must submit the I (see instructions)	OR 0204 with your return	• 42				0 0			
43. Amount You Owe, sum of lines 39 through 42	1	• 43							
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 Department of Revenue? See the instructions.	• X No • Yes	. Comple	ete the fo	ollowing	j :				
Designee's Name			Phone N	lumber					
•			•						
Sign Below Under penalties of perjury, I declare that to the	and com	nplete.							
Your Signature				Date (f	MM/DD/YY)				
Spouse's Signature. If joint return, BOTH must sign.				Date (f	MM/DD/YY)				
Paid Preparer's Name	Paid Pre	Preparer's Phone							
GLOBAL TAXES LLC			(678)	965-9	522				
Paid Preparer's Address	City		State	ZIP Cod	de				
245 ROONEY CT	E BRUNSWICK		NJ	0881	6				

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.