

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial AMEY Last name GANDHI Your social security number 010 47 9152

If joint return, spouse's first name and middle initial SNEHA Last name KATAMBLE Spouse's social security number 967 96 1799

Home address (number and street). If you have a P.O. box, see instructions. 10063 PARK MEADOWS DR Apt. no. 107 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. LONE TREE State CO ZIP code 80124 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes dependent ARIA GANDHI.

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, and occupation fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

AMEY GANDHI & SNEHA KATAMBLE

010-47-9152

Part I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1 11,579.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b 0.	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	11,579.
4	Number of qualifying children under age 17 with the required social security number	4 1	
5	Multiply line 4 by \$2,000	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6 0	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	2,000.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	0.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	0.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	2,000.	
b	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	1,600.	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	1,600.	
18a	Earned income (see instructions)	18a	11,579.	
b	Nontaxable combat pay (see instructions)	18b		
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	9,079.	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input checked="" type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	1,362.	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22		
23	Add lines 21 and 22	23		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24		
25	Subtract line 24 from line 23. If zero or less, enter -0-	25		
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26		

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	1,362.
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Paid Preparer's Due Diligence Checklist
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
 Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
 Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return AMEY GANDHI & SNEHA KATAMBLE		Taxpayer identification number 010-47-9152
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM		Preparer tax identification number P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



238454 11555

State of Colorado Income Tax Declaration
for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 12/31/23
or Fiscal Year beginning (MM/DD/YY)

Tax Type: Individual Income (DR 0104)
Taxpayer Last Name or Business Name: GANDHI
First Name or Business DBA: AMEY
Spouse's Last Name: KATAMBLE
First Name: SNEHA
Taxpayer SSN or ITIN: 010-47-9152
Spouse SSN or ITIN: 967-96-1799
Taxpayer or Business Address: 10063 PARK MEADOWS DR APT 107
City: LONE TREE
State: CO
ZIP: 80124

Part I - Tax Return Information

Table with 4 rows: Total Income from your federal return (11579), Taxable Income (or allowable deduction) from your federal return (-16121), Colorado Tax from your Colorado return (0), Colorado Tax Withheld or Payments, from your Colorado return (460).

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief.

Signature and Date fields for Taxpayer and Spouse.

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here []

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.

ERO's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Preparer Identification Number, Your SSN, or ITIN: P02082703

Check if also Preparer [X]

Date (MM/DD/YY) 02/20/24



230104 11555



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

2023 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must include DR 0104PN Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
GANDHI		AMEY		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
01/09/1987	010-47-9152	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0876	12/01/23
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
KATAMBLE		SNEHA		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>		
05/19/1987	967-96-1799	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
10063 PARK MEADOWS DR APT 107			(720) 312-9453	
City	State	ZIP Code	Foreign Country (if applicable)	
LONE TREE	CO	80124		
To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> <input type="checkbox"/> You are a Colorado resident and at least one person in your household does not have health coverage AND You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing. 				
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP			• 1	-16121 00
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State and Local Income taxes or general sales taxes claimed on federal form 1040, Schedule A. (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



230104 21555

Name	SSN or ITIN
AMEY GANDHI & SNEHA KATAMBLE	010-47-9152
4. Federal Deduction addback (see instructions) ● 4	00
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	00
Explain:	
8. Subtotal, sum of lines 1 through 7 ● 8	-16121 00
Colorado Subtractions	
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the DR 0104AD schedule with your return. ● 9	00
10. Colorado Taxable Income, subtract line 9 from line 8 ● 10	-16121 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. ● 11	0 00
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. ● 12	00
13. Recapture of prior year credits ● 13	00
14. Subtotal, sum of lines 11 through 13 ● 14	0 00
15. Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, and 17 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 must 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 cannot exceed line 14, you must submit the DR 1330 with your return. ● 17	00
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14. ● 18	0 00
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. ● 19	00
20. Net Colorado Tax, sum of lines 18 and 19 ● 20	0 00
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 21	460 00
22. Prior-year Estimated Tax Carryforward ● 22	00
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year ● 23	00
24. Extension Payment remitted with the DR 0158-I ● 24	00



230104 31555

Name	AMEY GANDHI & SNEHA KATAMBLE	SSN or ITIN	010-47-9152
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25. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 25		00
26. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 26		00
27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. • 27	0	00
28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return. • 28	817	00
29. Subtotal, sum of lines 21 through 28 • 29	1277	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	11579	00
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	11579	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 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	1600	00
35. Sum of lines 29 and 34 • 35	2877	00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 • 36	2877	00
37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. • 37		00

If you have an overpayment on line 38 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

38. Refund, subtract line 37 from line 36 (see instructions) • 38	2877	00
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Direct Deposit

Routing Number Type: Checking Savings CollegeInvest 529

Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.



230104 41555

Name		SSN or ITIN	
AMEY GANDHI & SNEHA KATAMBLE		010-47-9152	
39. Net Tax Due, subtract line 35 from line 20	39		00
40. Delinquent Payment Penalty (see instructions)	40		00
41. Delinquent Payment Interest (see instructions)	41		00
42. Estimated Tax Penalty, you must submit the DR 0204 with your return (see instructions)	42		00
43. Amount You Owe, sum of lines 39 through 42	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.			
• <input checked="" type="checkbox"/> No		• <input type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
●		●	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer'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](https://www.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.



230104CR11555



DR 0104CR (11/21/23)
COLORADO DEPARTMENT OF REVENUE
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Form 104CR

Individual Credit Schedule 2023

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN
GANDHI	AMEY		010-47-9152

Use this schedule to calculate your income tax credits. For best results, visit Tax.Colorado.gov to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, include all required documents with your paper return.
- If you received any of these credits from a partnership or S corporation, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, submit with your return a written statement that includes all relevant information.
- Round all dollar amounts to the nearest whole dollar. Calculate percentages to four decimal places (i.e., xxx.xxxx).

Part I — Refundable Credits

1. CO Child tax credit from line 22 (or 24) of the DR 0104CN. You must submit the DR 0104CN with your return. ● 1	817	00
2. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return. ● 2		00

SSN Filers Only - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and Income Tax Topics: Earned Income Tax Credit for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2023 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

3. Enter the amount of Earned Income calculated for your federal return. ● 3		00
4. Enter the federal EITC you claimed. ● 4		00

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	● SSN	Deceased*
				● <input type="checkbox"/>
				● <input type="checkbox"/>
				● <input type="checkbox"/>
				● <input type="checkbox"/>

*Check only if child was deceased before SSN was assigned in 2023, see instructions.



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Table with columns: Name, SSN or ITIN, and numbered rows (5-16) for tax credits. Total amount 817.

Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
• Part-year residents generally do not qualify for this credit.
• If you have income or loss from more than one state, you must file electronically.

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for that state.

Table with rows 17-24 for tax liability to other state. Includes row 17 for name of other state and rows 18-24 for calculations and final allowable credit.



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Name	AMEY GANDHI & SNEHA KATAMBLE	SSN or ITIN	010-47-9152
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Part III — Other Credits

Visit Tax.Colorado.gov/Income-Tax-Credits for limitations that are specific to each credit. Use the first column to report the total credit available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●	Credit Used Column (B) ●
25. Carry forward of prior year plastic recycling investment credit ● 25	00	00
26. Colorado Minimum Tax Credit ● 26	00	00
● 2023 Federal Minimum Tax Credit (fill below):		
27. Carry forward of prior year Historic Property Preservation credit (per §39-22-514, C.R.S.) ● 27	00	00
28. Child Care Center Investment credit , you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 28	00	00
29. Employer Child Care Facility Investment credit , you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 29	00	00
30. School-to-Career Investment credit , you must submit a copy of the certification with your return. ● 30	00	00
31. Colorado Works Program credit , you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 31	00	00
32. Child Care Contribution credit , you must submit each DR 1317 with your return. ● 32	00	00
33. Long-term Care Insurance credit , you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 33	0	00
34. Carry forward of prior year Aircraft Manufacturer New Employee credit ● 34	00	00
35. Credit for Environmental Remediation of Contaminated Land , you must submit a copy of the CDPHE certification with your return. ● 35	00	00
36. Colorado Job Growth Incentive credit , you must submit certification from OEDIT with your return. ● 36	00	00
37. Certified Colorado Disability Funding Committee License Fee credit , you must submit a copy of the certification with your return. ● 37	00	00
38. Advanced Industry Investment credit , you must submit a copy of the certification with your return. ● 38	00	00
39. Affordable Housing credit , you must submit CHFA certification with your return. ● 39	00	00



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Name		SSN or ITIN	
AMEY GANDHI & SNEHA KATAMBLE		010-47-9152	
	Available Credit Column (A) ●	Credit Used Column (B) ●	
40. Carry forward of prior year Credit for Food Contributed to Hunger-Relief Charitable Organizations ● 40	00		00
41. Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year ● 41	00		00
42. Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● 42	00		00
43. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● 43			
44. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 44	00		00
45. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 45	00		00
46. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● 46	00		00
● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing			
47. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● 47	00		00
48. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● 48	00		00
49. Wildfire Mitigation Expenses Credit ● 49	00		00
50. Nonrefundable Heat Pump Credit from line 5b of DR 1322, which you must submit with your return. ● 50	00		00
51. Nonrefundable Residential Energy Storage Systems Credit from line 3 of DR 1307, which you must submit with your return ● 51	00		00
52. Homeless Contribution Credit, you must submit the certificate (to substantiate your contribution) ● 52	00		00
53. Total of column A lines 25 through 52 (exclude line 43 certificate number) ● 53	0	00	
54. Nonrefundable Credits Used, total of column B plus any amount from line 24, exclude line 43 certificate number. Also enter this amount on the DR 0104 line 15. Credit used cannot exceed credit available. ● 54			00



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2023 Colorado Child Tax Credit

Last Name	First Name	Middle Initial	SSN or ITIN
GANDHI	AMEY		010-47-9152

Section A: Eligible Child Information

Eligible Child's Last Name	Eligible Child's First Name	Year of Birth	SSN or ITIN	Deceased
GANDHI	ARIA	2020	115-47-8626	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Section B: All Filers Complete This Section

1. Enter your federal adjusted gross income from your federal income tax form.	1	11579	00
If the amount on line 1 is greater than \$75,000 (\$85,000 for joint filers), do not complete this form. You are not eligible for the Colorado child tax credit.			
2. Enter the number of eligible children listed in the table in Section A	2	1	
3. Multiply line 2 by \$2,000	3	2000	00
4. Federal credit limitation (see instructions).	4	0	00

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Last Name	First Name	Middle Initial	SSN or ITIN
GANDHI	AMEY		010-47-9152

5. Enter the smaller of line 3 or line 4	• 5	0	00
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If line 4 is more than line 3, continue to Section E. If line 3 is more than line 4, complete Section C (and Section D if applicable) to determine if you are eligible for any additional child tax credit.

Section C: Additional Child Tax Credit

6. Subtract line 5 from line 3	6	2000	00
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7. Multiply line 2 by \$1,600	7	1600	00
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8. Enter the smaller of line 6 or line 7	• 8	1600	00
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9. Earned income (see instructions)	• 9	11579	00
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10. Is the amount on line 9 more than \$2,500? <input checked="" type="checkbox"/> Yes: Subtract \$2,500 from the amount on line 9 and enter the result on this line 10 <input type="checkbox"/> No: Leave this line blank and enter 0 (zero) on line 11	• 10	9079	00
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11. Multiply line 10 by 15% (0.15)	11	1362	00
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Section D: Certain Filers Who Have Three or More Eligible Children (see instructions)

12. Social security and Medicare taxes (see instructions)	• 12		00
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13. Other taxes (see instructions)	• 13		00
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14. Sum of lines 12 and 13	14		00
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15. a. Earned income credit (see instructions)	•	00	
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b. Excess social security and RRTA (see instructions)	•	00	
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Sum of lines 15a and 15b	• 15		00
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16. Subtract line 15 from line 14. If the result is zero or less, enter 0 (zero)	16		00
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17. Enter the larger of line 11 or line 16	• 17		00
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Enter the smaller of line 17 or line 8 in Section C on line 19 in Section E

Section E: Colorado Child Tax Credit

18. Enter the amount on line 5 in Section B	• 18	0	00
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19. Enter the result from Sections C and D (see instructions), or enter 0 (zero) if you skipped Section C as instructed after line 5	• 19	1362	00
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20. Sum of lines 18 and 19	20	1362	00
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Last Name	First Name	Middle Initial	SSN or ITIN
GANDHI	AMEY		010-47-9152

Applicable Percentage Table

If filing single and line 1 in Section B is:	\$25,000 or less	\$25,001 or \$50,000	\$50,001 to \$75,000
If filing jointly and line 1 in Section B is:	\$35,000 or less	\$35,001 or \$60,000	\$60,001 to \$85,000
Applicable % is:	60% (0.60)	30% (0.30)	10% (0.10)

21. Enter the applicable % from the table above	60	%
22. Multiply line 20 by the percentage on line 21. Full-year residents, enter this amount here and on line 1 of DR 0104CR. Part-year residents, continue to line 23	817	00
23. Part-year residents only, enter the percentage from line 34 of DR 0104PN. If the percentage is more than 100%, enter 100%		%
24. Part-year residents only, multiply line 22 by the percentage on line 23. Enter this amount here and on line 1 of DR 0104CR		00