



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
[X] Individual Income (DR 0104)
Corporate Income (DR 0112)
Partnership/S-Corp Income (DR 0106)
Fiduciary Income (DR 0105)
Taxpayer Last Name or Business Name: KUMBHAR
First Name or Business DBA if different from Business Name: SUSHANT
Middle Initial:
Spouse's Last Name (if applicable):
First Name:
Middle Initial:
Taxpayer SSN or ITIN: 491-83-3617
Spouse SSN or ITIN (if applicable):
FEIN:
Taxpayer or Business Address: 12211 W 2ND PLACE BLDG APT 5105
City: LAKEWOOD
State: CO
ZIP: 80228

Part I - Tax Return Information

Table with 4 rows: 1. Total Income from your federal return (see instructions for more information) 1 \$ 37936; 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 24086; 3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$ 1058; 4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 1712

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
Date (MM/DD/YY)
Spouse's Signature (If Joint Return, Both Must Sign)
Date (MM/DD/YY)

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) 02/21/24



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DR 0104 (11/28/23)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
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(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
KUMBHAR		SUSHANT		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
02/25/1998	491-83-3617	<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	4691	12/08/23
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>		
		<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	
12211 W 2ND PLACE BLDG APT 5105			(720) 341-8847	
City	State	ZIP Code	Foreign Country (if applicable)	
LAKWOOD	CO	80228		
<input type="checkbox"/> 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"> <li>You are a Colorado resident and at least one person in your household does not have health coverage</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>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 &amp; Financing.</li> </ul>				
<b>Round To The Nearest Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP			• 1	24086 00
Include W-2s and 1099s with CO withholding.				
<b>Additions to Federal Taxable Income</b>				
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



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Name	SSN or ITIN
SUSHANT KUMBHAR	491-83-3617
4. Federal Deduction addback (see instructions)	00
5. Nonqualified CollegeInvest Tuition Savings Account distributions (see instructions)	00
6. Nonqualified Colorado ABLE Account distributions (see instructions)	00
7. Other Additions, explain (see instructions)	00
Explain:	
8. Subtotal, sum of lines 1 through 7	24086 00
<b>Colorado Subtractions</b>	
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the DR 0104AD schedule with your return.	00
10. Colorado Taxable Income, subtract line 9 from line 8	24086 00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>	
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	1058 00
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	00
13. Recapture of prior year credits	00
14. Subtotal, sum of lines 11 through 13	1058 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.	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.	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.	00
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	1058 00
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	00
20. Net Colorado Tax, sum of lines 18 and 19	1058 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.	1712 00
22. Prior-year Estimated Tax Carryforward	00
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	00
24. Extension Payment remitted with the DR 0158-I	00



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Name	SSN or ITIN
SUSHANT KUMBHAR	491-83-3617

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		00
29. Subtotal, sum of lines 21 through 28 • 29	1712	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	37936	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	37936	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	800	00
35. Sum of lines 29 and 34 • 35	2512	00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 • 36	1454	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	1454	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](http://CollegeInvest.org) or call 800-448-2424.



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Name		SSN or ITIN	
SUSHANT KUMBHAR		491-83-3617	
<b>39. Net Tax Due, subtract line 35 from line 20</b>	<b>39</b>		00
<b>40. Delinquent Payment Penalty (see instructions)</b>	<b>40</b>		00
<b>41. Delinquent Payment Interest (see instructions)</b>	<b>41</b>		00
<b>42. Estimated Tax Penalty, you must submit the DR 0204 with your return (see instructions)</b>	<b>42</b>		00
<b>43. Amount You Owe, sum of lines 39 through 42</b>	<b>43</b>		
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.			
<b>Third Party Designee</b>			
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="radio"/> No <input type="radio"/> Yes. Complete the following:			
Designee's Name		Phone Number	
●		●	
<b>Sign Below</b> 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.