

238454 11555

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 Colorado				For Tax Year	ax Year (MM/DD/YY) or Fiscal Year beginning (N					ng (MM/	DD/YY)	
Depar	tment of Revenue. Retain	with your red	cords.	12/31/	23							
Tax Typ	pe											
X	Individual Income (DR 0104)	Corporate Inc (DR 0112)	ome		nership 0106)	/S-Cor	p Income	e		Fiduci (DR 0		icome
Taxpayer Last Name or Business Name First Name or Business DBA if diffe						if differe	nt from Bu	siness N	lame			Middle Initia
MEKA	M		RAHUL									
Spouse's Last Name (if applicable) First Name									Middle Initia			
Taxpay	er SSN or ITIN		Spouse S	SSN or ITIN (if applica	ıble)			FE	IN		
650-	74-9545											
Тахрау	ver or Business Address				City					State	ZIP	
1222	3 W 2ND PLACE LAKEWOO	DD APT 11-10	04		DENV	ER				CO	802	228
		Part I	— Тах	Return Ir	nformat	tion						
1 Tota	al Income from your federal r	eturn (see instr	ructions	s for more	informa	ation)	1	\$				26196
 Total Income from your federal return (see instructions for more info Taxable Income (or allowable deduction) from your federal return (see 								\$				12346
for more information)								φ				543
 3. Colorado Tax from your Colorado return (see instructions for more information) 4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions 							\$					
	nore information)	ents, nom your	COIOI &	ido return	(366 111	Siluctic		\$				1023
	,	Part II	— Dec	laration o	f Tax P	ayer						
Federal/0	enalties of perjury, I declare that the info Colorado income tax returns, and that sai and that I (or my Electronic Return Origi s, and attachments upon request by the	d tax returns, stateme inator (ERO) if applica	ents, sched able) may	dules and attact be required to	hments ar provide p	e true, co aper copi	rrect, and co	mplete to eclaration,	the t	est of my returns, w	knowle vithholdi	edge and beliefing statements
Signatu		Colorado Departmen	t or reven	de at arry time	during the	period o		(MM/DD/		itate or iiii	intations	1.
								`				
Spouse	s's Signature (If Joint Return, Both N	Must Sign)					Date	(MM/DD/	YY)			
	F	Part III — Decla	aration	of ERO/P	repare	r/Tran	smitter					
	If the transmitter did not pre	pare the tax ret	turn, ch	eck here [
the prepa taxpayer correct, a have pro- of limitation	of the preparer, I declare only that the an irer, under penalties of perjury I declare the and the amounts shown in Part I above a ind complete to the best of my knowledgy with the topies of all form ons, and to provide paper copies of this at any time during this period.	hat I have reviewed the agree with the amount ge and belief. As prepons and information file	ne above ta s shown o arer, I furth ed. I also a	axpayer's Feden n said tax return ner declare that ngree to mainta	eral/Colora rns, and that I have ob ain this sig	do income at said tax otained the ned Form	e tax returns k returns, sta e taxpayer's i (DR 8454)	and that the tements, so signature for the pe	the ir sche e on t riod	nformation dules, and this form a covered b	n provide d attach at the tin by the C	ed to me by the ments are true me of filing and olorado statute
	Signature Signature				Р	reparer l	dentification	n Numb	er, Y	our SSN	l, or IT	IN
SYAM	PRIYA RAM SAGAR GUPT	TALLAM			I	202082	2703					
					Da	ite (MM/E	DD/YY)					
Check if also Preparer X					C	02/19/24						





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 Nonreside dent combina				0104	PN		if Abr	oad on due tions	date –	
Your Last Name			Your Fir							Middle	e Initial
MEKAM			RAHU	L							
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed							
10/31/2001	650-74-9	545		L	t	he DF	cked and cla R 0102 and	death	certificate w	ith your re	
Enter the following information from your current driver license or state identification card.			State of	fIssue	L	₋ast 4 d	characters of I	D numbe	er Date of Iss	uance	
If Joint, Spouse's Last Name			Spouse'	s First N	Name					Middle	Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed							
				L			cked and cla R 0102 and				
Enter the following information from your spouse's			State of	f Issue	L	ast 4 c	characters of I	D numbe	er Date of Iss	uance	
current driver license or state identification card.											
Mailing Address								Pł	one Number		
12223 W 2ND PLACE LAKEWOOD APT 11-104								(738)624-	8673	
City				State	ZIP	Code		Foreig	n Country (if a	pplicable)	
DENVER				CO		228					
To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:											
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 Th	e Nearest I	Oollar
1. Enter Federal Taxable Income from your federal inc				ax forn	n:		_			1234	5
1040, 1040 SR, or 1040 SP							• 1				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				0 0
3. Qualified Business Income	Deduction A	.ddback (se	ee instru	ıctions	 S)		• 3				0 0



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

Tax.Colorado.gov 230104 21555 Page 2 of 4

Name	SSN or ITIN	
RAHUL MEKAM	650-74-9545	
4. Federal Deduction addback (see instructions) • 4		0 0
5. Nonqualified CollegeInvest Tuition Savings Account distributions		
(see instructions) • 5		0 0
C Name wellfied Colored a ADLE Associated distributions (see instructions)		
6. Nonqualified Colorado ABLE Account distributions (see instructions) • 6		0.0
7. Other Additions, explain (see instructions) • 7		0 0
Explain:		
	12346	
8. Subtotal, sum of lines 1 through 7		0 0
Colorado Subtractions 9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the		T
DR 0104AD schedule with your return.		0 0
	10246	
10. Colorado Taxable Income, subtract line 9 from line 8• 10	12346	0 0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year	r 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	543	0 0
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the		00
DR 0104AMT with your return.		00
13. Recapture of prior year credits • 13		00
44. Cubtotal aum of lines 11 through 12	543	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 17		0.0
cannot exceed line 14, you must submit the DR 0104CR with your return. • 15		0 0
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		0.0
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
CXCCCG line 14, you must submit the DIX 1000 with your return.	5.42	
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	543	0 0
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the		
DR 0104US with your return. • 19		0.0
20 Net Coloredo Toy, cum of lines 40 and 40	543	0.0
20. Net Colorado Tax, sum of lines 18 and 19 20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or		0.0
1099s claiming Colorado withholding with your return. • 21	1023	0 0
- January		1
22. Prior-year Estimated Tax Carryforward • 22		0.0
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for		
this tax year • 23		0.0
24. Extension Payment remitted with the DR 0158-I • 24		0 0
47. LALENSION F AYMENT TENNILEU WITH THE DIT 0130-1		00



230104 31555

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

Page 3 of 4

RAHUL MEKAM	
	650-74-9545
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 00
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	1023 00
Modified AGI for TABOR	Į. v
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect y	our Colorado tax liability.
30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP • 30	²⁶¹⁹⁶ 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	26196 00
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
	800
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	
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.	1923
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 35. Sum of lines 29 and 34	1823 00
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. 35. Sum of lines 29 and 34 36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35	1823 00 1280 00 00
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. 35. Sum of lines 29 and 34 36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. 37 If you have an overpayment on line 38 below and would like to donate all or a portion of you	1823 00 1280 00 00
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 35. Sum of lines 29 and 34 36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. 37 If you have an overpayment on line 38 below and would like to donate all or a portion of yo Colorado charity, include Form DR 0104CH to contribute. 38. Refund, subtract line 37 from line 36 (see instructions) 38	0 0 1823 0 0 1280 0 0 0 0 our overpayment to a qualified
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 35. Sum of lines 29 and 34 36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. 37 If you have an overpayment on line 38 below and would like to donate all or a portion of yo Colorado charity, include Form DR 0104CH to contribute. 38. Refund, subtract line 37 from line 36 (see instructions) 38	1823 0 0 1280 0 0 0 0 0 0 0 0 1280 0 0



230104 41555

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

Page 4 of 4

<u> </u>								
Name			SSN or ITIN					
RAHUL MEKAM			650-74-9545					
39. Net Tax Due, subtract line 35 from line 20		39		00				
40. Delinquent Payment Penalty (see instruction	• •	40		00				
41. Delinquent Payment Interest (see instruction		41		00				
42. Estimated Tax Penalty, you must submit the (see instructions)	<u>-</u>	42		0 0				
(See manuchons)		74		₁ 0 0				
43. Amount You Owe, sum of lines 39 through 4	2	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 • X No • Yes. Complete the following: Department of Revenue? See the instructions.								
Designee's Name		Phone I	Number					
•		•						
Sign Below Under penalties of perjury, I declare that to the	he best of my knowledge and belief, this return i	s true, correc						
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 80261-0005

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