

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2024**

# 2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |      |
|--|------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 437. |
|--|------|

REV 02/11/24 PRO 1555

632-54-6716  
GORDON T SLONE

22099 E IRISH DR  
AURORA CO 80016

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

632546716 ZX SLON 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/17/2024**

# 2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |      |
|--|------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 437. |
|--|------|

REV 02/11/24 PRO 1555

632-54-6716  
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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/16/2024**

# 2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |      |
|--|------|
| Amount of estimated tax you are paying by check or money order.....▶ | 437. |
|--|------|

REV 02/11/24 PRO 1555

632-54-6716  
GORDON T SLONE

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CINCINNATI OH 45280-2502

632546716 ZX SLON 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/15/2025**

# 2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |      |
|--|------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 437. |
|--|------|

REV 02/11/24 PRO 1555

632-54-6716  
GORDON T SLONE

22099 E IRISH DR  
AURORA CO 80016

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

632546716 ZX SLON 30 0 202412 430

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Taxpayer's name<br>GORDON T SLONE | Social security number<br>632-54-6716 |
| Spouse's name                     | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are 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 | 119,774. |
| 2 | Total tax . . . . .   | 2 | 14,806.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 13,059.  |
| 4 | Amount you want refunded to you . . . . .                               | 4 |          |
| 5 | Amount you owe . . . . .  | 5 | 1,761.   |

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

Under penalties of perjury, 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.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 4 | 6 | 7 | 1 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

| IF you live in...  | THEN use this address to send in your payment...                         |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas  | Internal Revenue Service<br>P.O. Box 1214<br>Charlotte, NC 28201-1214    |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin              | Internal Revenue Service<br>P.O. Box 931000<br>Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming   | Internal Revenue Service<br>P.O. Box 802501<br>Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service<br>P.O. Box 1303<br>Charlotte, NC 28201-1303    |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2023**

# Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

|  |               |
|--|---------------|
| Enter the amount of your payment . . . . . ▶ | <b>1,761.</b> |
|--|---------------|

REV 02/11/24 PRO 1555

GORDON T SLONE  
22099 E IRISH DR  
AURORA CO 80016

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

632546716 ZX SLON 30 0 202312 610

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: GORDON T Last name: SLONE Your social security number: 632 54 6716

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 22099 E IRISH DR Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State: CO ZIP code: 80016 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

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

Filing Status: [X] Single [ ] Head of household (HOH) [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] 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? [ ] Yes [X] 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 5 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

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.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

|                        |           |   |           |         |
|------------------------|-----------|---|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b> | 14,806. |
|                        | <b>17</b> | Amount from Schedule 2, line 3  | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17   | <b>18</b> | 14,806. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812  | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8  | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20   | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b> | 14,806. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21  | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>  | <b>24</b> | 14,806. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 13,056. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> | 3.      |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 13,059. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> No  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 13,059. |

|                                      |            |  |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--------------------------------------|------------|--|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | <b>35a</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X          | X | X | X | X | X | X | X | X | X |   |   |   |   |   |   |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <b>d</b>   | Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>                       | X          | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X | X | X | X | X | X | X |   |   |   |  |  |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>   | <b>36</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

|                       |           |   |           |        |
|-----------------------|-----------|---|-----------|--------|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> | 1,761. |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> | 14.    |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                               |   |
|---|------|-------------------------------|---|
| Your signature  | Date | Your occupation<br>CONSULTANT | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation           | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (720) 212-4177 Email address GORDONTSLONE@GMAIL.COM

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/22/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN 84-3171965                               |



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

GORDON T SLONE

Your social security number

632-54-6716

| <b>Medical and Dental Expenses</b>   | <b>Caution:</b> Do not include expenses reimbursed or paid by others.   |           |         |           |           |
|--|---|-----------|---------|-----------|-----------|
|  | <b>1</b> Medical and dental expenses (see instructions) . . . . .   | <b>1</b>  |         |           |           |
|  | <b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b> . . . . .   | <b>2</b>  |         |           |           |
|  | <b>3</b> Multiply line 2 by 7.5% (0.075) . . . . .  | <b>3</b>  |         |           |           |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . |   |           |         | <b>4</b>  |           |
| <b>Taxes You Paid</b>  | <b>5</b> State and local taxes.   |           |         |           |           |
|  | <b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | <b>5a</b> | 4,943.  |           |           |
|  | <b>b</b> State and local real estate taxes (see instructions) . . . . .   | <b>5b</b> | 2,975.  |           |           |
|  | <b>c</b> State and local personal property taxes . . . . .  | <b>5c</b> |         |           |           |
|  | <b>d</b> Add lines 5a through 5c . . . . .  | <b>5d</b> | 7,918.  |           |           |
|  | <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .  | <b>5e</b> | 7,918.  |           |           |
|  | <b>6</b> Other taxes. List type and amount: _____   | <b>6</b>  |         |           |           |
| <b>7</b> Add lines 5e and 6 . . . . .  |   |           |         | <b>7</b>  | 7,918.    |
| <b>Interest You Paid</b>   | <b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>   |           |         |           |           |
|  | <b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .  | <b>8a</b> | 23,182. |           |           |
|  | <b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .                        | <b>8b</b> |         |           |           |
|  | <b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .  | <b>8c</b> |         |           |           |
|  | <b>d</b> Reserved for future use . . . . .  | <b>8d</b> |         |           |           |
|  | <b>e</b> Add lines 8a through 8c . . . . .  | <b>8e</b> | 23,182. |           |           |
| <b>9</b> Investment interest. Attach Form 4952 if required. See instructions             | <b>9</b>  |           |         |           |           |
| <b>10</b> Add lines 8e and 9 . . . . .   |   |           |         | <b>10</b> | 23,182.   |
| <b>Gifts to Charity</b>  | <b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .   | <b>11</b> |         |           |           |
|  | <b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .  | <b>12</b> |         |           |           |
|  | <b>13</b> Carryover from prior year . . . . .   | <b>13</b> |         |           |           |
|  | <b>14</b> Add lines 11 through 13 . . . . .   |           |         |           | <b>14</b> |
| <b>Casualty and Theft Losses</b>   | <b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .  |           |         |           | <b>15</b> |
| <b>Other Itemized Deductions</b>   | <b>16</b> Other—from list in instructions. List type and amount: _____  |           |         |           | <b>16</b> |
| <b>Total Itemized Deductions</b>   | <b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .  | <b>17</b> |         |           | 31,100.   |
|  | <b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <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: SLONE
First Name or Business DBA if different from Business Name: GORDON
Middle Initial: T
Spouse's Last Name (if applicable):
First Name:
Middle Initial:
Taxpayer SSN or ITIN: 632-54-6716
Spouse SSN or ITIN (if applicable):
FEIN:
Taxpayer or Business Address: 22099 E IRISH DR
City: AURORA
State: CO
ZIP: 80016

Part I - Tax Return Information

Table with 2 columns: Description and Amount.
1. Total Income from your federal return (see instructions for more information) 1 \$ 119774
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) 2 \$ 88674
3. Colorado Tax from your Colorado return (see instructions for more information) 3 \$ 4119
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information) 4 \$ 4925

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) 02/22/24



230104 11555



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

2023 Colorado Individual Income Tax Return

[X] 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

Form with sections for: Personal Information (Name, Birth, SSN, Deceased), Driver License Information, Spouse Information, Mailing Address, City/State/ZIP, Health Coverage Eligibility, and Taxable Income Summary (Federal, State/Local, Business Deduction).



230104 21555

| Name   | SSN or ITIN |
|--|-------------|
| GORDON T SLONE   | 632-54-6716 |
| 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  | 93617 00    |
| <b>Colorado Subtractions</b>   |             |
| 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  | 93617 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. ● 11   | 4119 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  | 4119 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  | 4119 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  | 4119 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   | 4925 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          |



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| Name  | SSN or ITIN |
|---|-------------|
| GORDON T SLONE  | 632-54-6716 |
| 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   | 4925 00     |
| <b>Modified AGI for TABOR</b>   |             |
| 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   | 119774 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   | 119774 00   |
| <b>This space is reserved for future use.</b>   |             |
| 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   | 5725 00     |
| 36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 • 36   | 1606 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   | 1606 00     |
| <b>Direct Deposit</b><br>Routing Number <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="6"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529<br>Account Number <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |             |
| For questions regarding CollegeInvest direct deposit or to open an account, visit <a href="http://CollegeInvest.org">CollegeInvest.org</a> or call 800-448-2424.  |             |



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|   |           |   |                   |
|---|-----------|---|-------------------|
| Name  |           | SSN or ITIN   |                   |
| GORDON T SLONE  |           | 632-54-6716   |                   |
| <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.