

238454 11555

DR 8454 (09/28/23) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov
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State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.				For Tax Year (MM/DD/YY)				or Fiscal Year beginning (MM/DD/YY)					
			12/31/23										
Tax Ty	ре												
Σ	Individual Income (DR 0104)	Corporat (DR 0112	te Income 2)	Parti	nership/s 0106)	S-Corp In	come)		Fiduc (DR 0		ncome	
Taxpay	er Last Name or Business	Name	First Na	me or Busine	ess DBA if	different fro	om Bu	siness N	ame			Middle Initia	
PANI	ANPATTE SANKET											S	
Spouse's Last Name (if applicable) First Name										Middle Initia			
Taxpay	er SSN or ITIN		Spouse	SSN or ITIN	(if applicat	oplicable)				IN			
016-	-51-8177												
Taxpa	yer or Business Address				City					State	ZIP		
1221	3 W 2ND PL APT	6/105		LAKEWOOD						CO 80228		228	
		F	Part I — Tax	Return Ir	nformati	ion			'				
1. Tota	al Income from your f	ederal return (see	e instructions	s for more	informat	tion)	1	\$				34173	
2. Taxable Income (or allowable deduction) from your federal return (see instructions					s 2	\$				20323			
3. Colorado Tax from your Colorado return (see instructions for more information)					3	\$	895						
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions										1314			
or r	nore information)	D:	art II — Dec	laration o	of Tay Pa	avor	4	\$					
Federal/ I unders	enalties of perjury, I declare the Colorado income tax returns, a tand that I (or my Electronic Res, and attachments upon requ	nat the information I have and that said tax returns, s Return Originator (ERO) if	e provided for ele statements, sche f applicable) may	ectronic filing a dules and attac be required to	and the amo chments are o provide pa	unts shown in true, correct, aper copies of	and co	mplete to claration,	the b	est of my eturns, v	y knowl withholo	ledge and belief ding statements	
Signati					- James Grand			(MM/DD/					
Spouse	e's Signature (If Joint Retu	rn, Both Must Sign)					Date	(MM/DD/	YY)				
		Part III — I	Declaration	of ERO/F	reparer	/Transmi	tter						
	If the transmitter did	not prepare the ta	ax return, ch	neck here									
the preparate taxpayer correct, a have proof limitat	ot the preparer, I declare only arer, under penalties of perjury and the amounts shown in Pa and complete to the best of mixided the taxpayer with copiesions, and to provide paper cope at any time during this period	I declare that I have revieur I above agree with the a y knowledge and belief. A s of all forms and informa pies of this declaration, sa	ewed the above t amounts shown o As preparer, I furt ation filed. I also a	axpayer's Feden said tax reture the declare that agree to maintage.	eral/Colorad rns, and tha at I have obt ain this sign	o income tax t said tax retu tained the tax ed Form (DR	returns rns, sta payer's 8454)	and that t tements, s signature for the pe	the intersection	formatio dules, an his form covered l	n provion at attacles at the to by the 0	ded to me by the hments are true time of filing and Colorado statute	
	Signature				Pro	Preparer Identification Number, Your SSN, or ITIN							
SYAM PRIYA RAM SAGAR GUPTA TALLAM					P	P02082703							
	01			Dat	Date (MM/DD/YY)								
Check if also Preparer X			03/08/24										





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

	r or Nonreside dent combina				0104	4PN	Mark see i			nd on due o	date –	
Your Last Name			Your Fi	rst Nam	е						Midd	le Initial
PANPATTE			SANK	ET							S	
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed							•	
01/22/1998	016-51-83	L77			If checked and claiming a refund, you me the DR 0102 and death certificate with your					h your i		
Enter the following information	n from vour ci	urrent	State of Issue Last 4 cl			4 characters of ID number			Date of Issua	ance		
driver license or state identification card.			CO 6686			01/19/23			23			
If Joint, Spouse's Last Name			Spouse	's First I	Name	9				Middle Initial		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed								
							cked and cla R 0102 and					
Enter the following information	n from vour ei	oouee'e	State o	f Issue		Last 4	characters of I	D nun	nber	Date of Issua	ance	
Enter the following information from your spouse's current driver license or state identification card.												
Mailing Address									Phor	ne Number		
12213 W 2ND PL APT 6/105									(71	L9)214-5	035	
City				State	ZIP	Code		Fore	eign C	Country (if ap	plicable)	
LAKEWOOD				CO	80	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 for Health Colorado (the 												
·									Ro	ound To The	Nearest	Dollar
Enter Federal Taxable Income from your federal inc				ax forr	n:						2032	23
1040, 1040 SR, or 1040 SP Include W-2s and 1099s with CO withholding.							• 1					00
Include W-2s and 1099s with C		<u>ոց.</u> Iditions to	Endor	l Tay	abla	Incor						
2. State and Local Income tax												
Schedule A. (see instructions)						. 5. 3. 1	• 2					0 0
,	,											
3. Qualified Business Income	Deduction A	ddback (se	e instru	uctions	s)		• 3					0 0



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Name		SSN or ITIN	
SANKET S PANPATTE		016-51-8177	
4. Federal Deduction addback (see instructions)	• 4		00
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:			
9 Subtotal aum of lines 1 through 7		20323	0 0
8. Subtotal, sum of lines 1 through 7 Colorado Subtractions	8		00
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the			
DR 0104AD schedule with your return.	• 9		00
Breat in the contourie with your rotain.			
10. Colorado Taxable Income, subtract line 9 from line 8	• 10	20323	00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and p	art-year	DR 0104PN Schedule	•
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the		895	
DR 0104PN with your return if applicable.	• 11		0 0
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the			
DR 0104AMT with your return.	• 12		0 0
13. Recapture of prior year credits	• 13		00
		895	
14. Subtotal, sum of lines 11 through 13	14		0 0
15. Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, an	•		
cannot exceed line 14, you must submit the DR 0104CR with your return. 16. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the	• 15		00
DR 1366 line 85, the sum of lines 15, 16, and 17 cannot exceed line 14, you must	et		
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 cann			
exceed line 14, you must submit the DR 1330 with your return.	• 17		00
		895	
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	18	095	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
		895	
20. Net Colorado Tax, sum of lines 18 and 19	20		00
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and	i	1314	00
1099s claiming Colorado withholding with your return.	• 21		00
22. Prior-year Estimated Tax Carryforward	• 22		00
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for	7		
this tax year	• 23		00
, ,			1
24. Extension Payment remitted with the DR 0158-I	• 24		00



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Name	SSN or ITIN
SANKET S PANPATTE	016-51-8177
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	
27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must	0
submit each DR 0617 with your return. • 27 28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR	00
with your return. • 28	00
29. Subtotal, sum of lines 21 through 28	1314 00
Modified AGI for TABOR Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect	et your Colorado tax liability
30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP	34173 00
31. Nontaxable Social Security Income • 31	0 0
32. Nontaxable interest income from state and local bonds32	0 0
33. Sum of lines 30 through 32: Modified AGI for TABOR 33	34173 00
34. State Sales Tax Refund: For full-year Colorado residents, born before 2005, or	
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
taxpayers filing jointly. See instructions if you are filing an extension. • 34	0 0
35. Sum of lines 29 and 34 35	2114 00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35	1219 00
37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. • 37	0 0
If you have an overpayment on line 38 below and would like to donate all or a portion of Colorado charity, include Form DR 0104CH to contribute.	your overpayment to a qualified
38. Refund, subtract line 37 from line 36 (see instructions) • 38	1219 00
Direct Routing Number 1 0 2 0 0 0 7 6 Type: X Checking	Savings CollegeInvest 529
Deposit Account Number 6 5 8 3 9 9 6 4 4 9	
For questions regarding CollegeInvest direct deposit or to open an account, visit <i>CollegeInvelle</i>	est.org or call 800-448-2424.



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<u> </u>				
Name			SSN or ITIN	
SANKET S PANPATTE			016-51-8177	
39. Net Tax Due, subtract line 35 from line 20	;	39	C	00
40. Delinquent Payment Penalty (see instruction	s) • 4	40	C	00
41. Delinquent Payment Interest (see instruction		1 1	C	00
42. Estimated Tax Penalty, you must submit the	DR 0204 with your return			
(see instructions)	• 4	12	(00
43. Amount You Owe, sum of lines 39 through 4	2 • 4	43		
The State may convert your check to a one-time electronic by the State. If converted, your check will not be returned. If Revenue may collect the payment amount directly from you	your check is rejected due to insufficient or unce			ed
	Third Party Designee			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.	• X No • Yes. Com	olete the f	ollowing:	
Designee's Name		Phone I	Number	
•		•		
Sign Below Under penalties of perjury, I declare that to the	t 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 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.