Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securi	ty numb	er	
SHUI	BHAM MALVE	778-40	-991	1	
Spouse'	's name	Spouse's so	cial secu	ırity numb	er
Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	ter year you a	are au	horizing	g.)
	whole dollars only on lines 1 through 5.	, ,		`	<i>5</i> /
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	8	3,602.
2	Total tax		2	1	0,658.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	4,012.
4	Amount you want refunded to you		4		3,354.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our ret	urn)
to send for any Agent t payment authoria payment busines taxes t persona	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trand my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming the unit of the payment (settlement) date. I also authorize the financial institutions involved in the crecive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) and resolve is the payment of the payment of the payment (sentence).	rejection of the te U.S. Treasury a indicated in the tution to debit the nate the authorizequests must be processing of e payment. I fur	ransmis and its o ax prep e entry t ation. T e receit f the el- ther ac	ssion, (b) designate paration s to this accorded to revoke wed no late the section of the sectio	the reason d Financial oftware for count. This (cancel) a ater than 2 cayment of get that the
	nic Funds Withdrawal Consent. Ayer's PIN: check one box only				٦
Х		to my DIN	9 9	1 1	00 mv
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but r all zeros	
Your s	I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN and your return is filed using the Practitioner PIN mobelow. Signature Date		O must		
Spaus	se's PIN: check one box only				
Spous		to my DINI]
	I authorize to enter or genera	_	ter five	 diaits. but	」 as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spous	se's signature ▶ Date ▶	•			
	Practitioner PIN Method Returns Only—continue belo	ow			
Part	III Certification and Authentication — Practitioner PIN Method Only				
EDO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1
ENU S	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	Don't en	- -	- -	/ <u> </u>
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual incoming the control of the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method Pub. 1345, Handbook for Pub. 1345,	e tax return (orig	inal or a	amended ccordanc	
ERO's	s signature ► Date ►	•			
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested T	o Do So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	write or staple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	eparate instructions.
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security number
SHUBHAM			MALV	JΕ						778	40 9911
If joint return, s	spouse's	s first name and middle initial	Last na	ame							's social security number
	-	er and street). If you have a P.O. box, see	instruct	ions.				P	Apt. no.	ł	ential Election Campaig
		LLEY CIR			la	Cto		ZID o	- d-	1	here if you, or your if filing jointly, want \$3
		ice. If you have a foreign address, also co	mpiete :	spaces be	elow.	Sta		ZIP o			o this fund. Checking a
CASTLE 1				F		CC		801		I	low will not change
Foreign countr	у патте			roreign p	rovince/state/o	coun	LY	roreig	n postal code	your ta	x or refund. You Spous
Filing Status	s X	Single					Head of ho	useh	old (HOH)		
	• <u> </u>	Married filing jointly (even if only o	ne had	income)					()		
Check only one box.	Ē	Married filing separately (MFS)		,			Qualifying	surviv	ina spouse	(QSS)	
One box.	If v	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che			• .		ild's name if the
	-	ialifying person is a child but not you			, ,				· 		
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a rewar	d award or i	navr	ment for proper	tv or	services): or	(b) sell	
Assets		nange, or otherwise dispose of a dig						•	,	. ,	☐ Yes
Standard	Som	neone can claim: You as a de	pender	nt 🗌	Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1				
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was borr	n befo	ore January 2	2, 1959	☐ Is blind
Dependent	s (see	instructions):		(2)	Social security		(3) Relationship	p (4) Check the b	ox if qual	lifies for (see instructions)
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit for other dependent
than four											
dependents, see instruction	·										
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	,		,						97,944.
Attach Form(s)	b	Household employee wages not re	•								
W-2 here. Also	С	Tip income not reported on line 1a	•		•					. 10	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 10	<u>t</u>
1099-R if tax	е	Taxable dependent care benefits t			-					. 16)
was withheld.	f	Employer-provided adoption bene	efits from	m Form 8	3839, line 29					. 11	
If you did not get a Form	g									. 10	-
W-2, see	h	Other earned income (see instruct	,					· ·		. <u>1</u>	n 0.
instructions.	i	Nontaxable combat pay election (see inst	tructions))		<u>l 1i</u>				07.044
	<u>z</u>	Add lines 1a through 1h	. i		· · · ·					. 1z	
Attach Sch. B if required.	2a	' -	2a				axable interest			. 2k	
ii required.	<u>3a</u> _		3a				Ordinary dividen				
Standard	4a	-	4a				axable amount				
Deduction for—	5a	-	5a				axable amount			. 5k	
 Single or Married filing 	6a	,	6a				axable amount			. 6k)
separately, \$13,850	C	If you elect to use the lump-sum e				`	,		L	╡┞ <u>╸</u>	
 Married filing 	7	Capital gain or (loss). Attach Sche							L	-7 -7	
jointly or Qualifying	8	Add lines 17 Ob. 2b. 4b. 5b. 6b. 7								. 8	<u> </u>
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	
 Head of 	10	Adjustments to income from Sche								. 10	
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11	
 If you checked 	12	Standard deduction or itemized		•		,				. 12	-,
any box under Standard	13	Qualified business income deduct				899	ю-А			. 13	
Deduction, see instructions.	14	Add lines 12 and 13					tavabla inaam			. 14	,

Form 1040 (2023	3)									Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	10,658.		
Credits	17	Amount from Schedule 2, lir	ne 3						17			
	18	Add lines 16 and 17							18	10,658.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lir	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	10,658.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	0.		
	24	Add lines 22 and 23. This is	your total tax						24	10,658.		
Payments	25	Federal income tax withheld										
-	а	Form(s) W-2				25a	14	,012.				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d	14,012.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				26			
qualifying child,	27	Earned income credit (EIC)			No .	27						
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	8, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir	ne 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable	credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	14,012.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you c	verpaid		34	3,354.		
	35a									3,354.		
Direct deposit?	b	Routing number 2 6 7			c Type: 🛛] Check	ing 🔲	Savings				
See instructions.	d	Account number 6 1 3	0 5 6 7	5 0								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.								
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions				37			
	38	Estimated tax penalty (see i	nstructions) .			38						
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				_		
Designee	ins	structions				[Yes. Co	omplete	below.	⋉ No		
		signee's me		Phone no.				onal ident oer (PIN)	ification			
0:		der penalties of perjury, I declare t	hat I have examined		accompanying scho	dulos an		, ,	the best	of my knowledge and		
Sign		lief, they are true, correct, and com										
Here	Υo	ur signature		Date	Your occupation			lf th	e IRS se	nt you an Identity		
	10	ar signature		Date	Tour occupation					IN, enter it here		
Joint return?					SOFTWARE I	ENGIN	EER	(see	inst.)			
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an		
Keep a copy for your records.								- 1	Identity Protection PIN, enter it here (see inst.)			
,		(000) 000 000		- "					11131.)			
		one no. (203) 993-906 eparer's name	Preparer's signat	Email address	SHUBHAMALY	VE@GM Date	AIL.CO	M PTIN		Check if:		
Paid		•	1 .		ייידיי מחתום		7/2024		2702			
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	102/0	7/2024	P0208		Self-employed		
Use Only		m's name GLOBAL TA								(678) 965-9522		
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	N 088T0			Firm	ı's EIN	84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SHUBHAM MALVE

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

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number 778-40-9911

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-14,342.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	r here and on Form		<u>.</u>
	1040, 1040-SR, or 1040-NR, line 8		10	-14,342.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
05					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

SHU	BHAM MALVE						778-4	0-9911			
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instruc	ctions. If you a	are an indi	vidual, rep	ort farm		
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	1099? S	ee ins	tructions .		. \(\subseteq \text{Ye}	s 🛚 No		
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No		
1a	Physical address of each property (street, city, state, ZII	P code	e)								
A	H.NO.3-5-462 GANDHI ROAD KARIMNAGAR TH	ELANG	GANA IN	1 5050	001					_	
В										_	
С											
1b	(from list below) above, report the number of fair	above, report the number of fair rental				Fair Rental Days			QJV		
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to qualified joint venture. See instru	ille as	a	В							
C	qualifica joint voitare. Goo motite	20010110	,	С							
1	of Property: Single Family Residence Multi-Family Residence 3 Vacation/Short-Term Ren 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc					
						Propert	ies:			_	
Inco				Α		В			С	_	
3	Rents received	3		./	14.					_	
4	Royalties received	4								_	
_	nses:	_									
5 6	Advertising	6								_	
7	Auto and travel (see instructions)	7		2,3	o n					_	
8	Commissions	8		۷, ۵	00.					_	
9	Insurance	9								_	
10	Legal and other professional fees	10								-	
11	Management fees	11		2,7	50					_	
12	Mortgage interest paid to banks, etc. (see instructions)	12		Z, /	50.					_	
13	Other interest	13								-	
14	Repairs	14		2,8	20					_	
15	Supplies	15		2,2						-	
16	Taxes	16								_	
17	Utilities	17		2,3	78.					_	
18	Depreciation expense or depletion	18		2,4						_	
19	Other (list)	19								_	
20	Total expenses. Add lines 5 through 19	20		15,0	56.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-14 , 3	42						
22	Deductible rental real estate loss after limitation, if any,	21		11,J	14.					_	
	on Form 8582 (see instructions)	22	(14,34)	()	
23a	Total of all amounts reported on line 3 for all rental properties of all amounts reported on line 4 for all regular properties.				23a		714.				
b	Total of all amounts reported on line 4 for all proportion				23b						
C	Total of all amounts reported on line 12 for all properties				23c		100				
d	Total of all amounts reported on line 18 for all properties				23d		2,488.				
e 24	Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do no				23e	15	056.				
24 25	Losses. Add royalty losses from line 21 and rental real estat		•			· · · ·	e 24	(14,342.	_	
	• •							(14,342.)	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a	ot appl	y to you,	also er	nter th	nis amount o			-14,342.		



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

	o not mail this form to the IRS or the Colorado				For Tax Year (MM/DD/YY)				or Fiscal Year beginning (MM/DD/YY)				
Depar	tment of Revenue. Reta	ain with your	records.	12/31/	23								
Tax Typ	pe l												
X	Individual Income (DR 0104)	Corporate (DR 0112)			nership/ 0106)	'S-Corp I	ncome	Э		Fiduc (DR 0		ncome	
Тахрау	er Last Name or Business Nam	ie	First Na	me or Busine	ess DBA i	f different f	from Bu	siness N	lame			Middle Initia	
MALV	Έ		SHUBI	HAM									
Spous	e's Last Name (if applicable)		First Na	me								Middle Initia	
Taxpay	er SSN or ITIN		Spouse	SSN or ITIN	(if applica	ble)			FEI	IN			
778-	40-9911												
Тахрау	ver or Business Address				City					State	ZIP		
3928	RED VALLEY CIR				CAST	LE ROCK	ζ			CO	803	104	
		Pa	art I — Tax	Return lı	nformat	ion							
1. Tota	al Income from your feder	ral return (see i	instructions	s for more	informa	ition)	1	\$				83602	
2. Tax	able Income (or allowable more information)											69752	
3 . Cole	orado Tax from your Colo	orado return (se	ee instructi	ons for mo	ore infor	mation)	3	\$				960	
4 . Col	orado Tax Withheld or Panore information)						3	\$				1106	
		Par	rt II — Dec	laration o	of Tax P	ayer		IΨ					
Federal/0	enalties of perjury, I declare that the Colorado income tax returns, and that and that I (or my Electronic Return s, and attachments upon request by	at said tax returns, sta Originator (ERO) if a	atements, sche ipplicable) may	dules and attac be required to	chments are	e true, correc aper copies	ct, and co	mplete to eclaration,	the be	est of my eturns, v	y knowl withhold	edge and belief ling statements	
Signatu								(MM/DD/	_				
Spouse	s's Signature (If Joint Return, Bo	oth Must Sign)					Date	(MM/DD/	/YY)				
		Part III — De	eclaration	of ERO/F	repare	r/Transn	nitter						
	If the transmitter did not	prepare the tax	k return, ch	neck here									
the prepa taxpayer correct, a have pro- of limitation	of the preparer, I declare only that the trer, under penalties of perjury I declard and the amounts shown in Part I abound complete to the best of my know vided the taxpayer with copies of all ons, and to provide paper copies of at any time during this period.	are that I have review ove agree with the am vledge and belief. As I forms and information	ved the above to nounts shown of preparer, I furton filed. I also	taxpayer's Fed- on said tax retu ther declare that agree to maint	eral/Colora irns, and tha at I have ob ain this sigi	do income ta at said tax re otained the ta ned Form (D	ix returns turns, sta axpayer's R 8454)	and that attements, a signature for the pe	the inf sched e on the riod c	formatio lules, an nis form overed l	n provion at attach at the to by the C	ded to me by the hments are true ime of filing and Colorado statute	
ERO's	Signature				Pi	reparer Ide	ntification	n Numb	er, Yo	our SSI	N, or IT	IN	
SYAM	PRIYA RAM SAGAR G	UPTA TALLAM	[E	020827	03						
	Chack if also Describe	or 57			Da	te (MM/DD/	YY)						
	Check if also Prepar	er X			0	2/07/2	4						





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2023 Colorado Individual Income Tax Return

	r or Nonreside dent combina				0104	4PN			if Abro	ad on due	e date	· —	
Your Last Name		, ,		rst Nam								Middle	Initial
MALVE			SHUE	BHAM	·								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	ed									
08/15/1994	778-40-99	11				the Di	₹ 0102	2 and o	death c	refund, y ertificate v	vith yo	our ref	
Enter the following information from your current driver license or state identification card.			State of Issue Last 4 characters of ID) numbe	Date of Is	suance			
			CO 7255							01/13	/23		
If Joint, Spouse's Last Name			Spouse	's First I	Nam	е					1	Middle	Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	or ITIN	Deceas	ed									
						the Di	₹ 0102	2 and o	death c	refund, y ertificate v	vith yo	our ref	
Enter the following information	n from vour sr	oouse's	State o	f Issue		Last 4	charact	ers of ID) numbe	Date of Is	suance		
current driver license or state	identification	card.											
Mailing Address									Pho	ne Number			
3928 RED VALLEY CIR									(2	:03)993-	9068		
City				State	ZIF	Code			Foreign	Country (if	applica	ble)	
CASTLE ROCK				CO	8(0104							
To see if you or members	s of your hous	sehold qua	lify for f	ree or	red	uced-	cost h	ealth c	overaç	je, check	this b	ox if:	
You are a Colorado re AND	esident and a	t least one	person	in you	ır ho	ouseho	old do	es not	have h	ealth cov	erage	!	
You give permission for for Health Colorado (the													nect
									F	ound To Tl	ne Nea	rest D	ollar
1. Enter Federal Taxable Inco		r federal in	come to	ax forr	n:						6	9752	
1040, 1040 SR, or 1040 SI Include W-2s and 1099s with 0		~						• 1					0 0
Include W-25 and 10995 With C		ditions to	Foder	al Tay	ahle	Inco	me.						
2. State and Local Income ta								040.					$\overline{}$
Schedule A. (see instruction						3. 5 1		• 2					00
3 Qualified Business Income	Deduction A	ddhack (se	e inetri	ıctions	2)			• 3					0.0



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230104 21555

230104 Name	21555			SSN or ITIN	
SHUBHAM MALVE			1	778-40-9911	
4 Fodoral Doduct	ion addback (see instr	uctions)	• 4		0 (
		vings Account distributions	• 4		01
(see instruction		virige Account distributions	• 5		0 (
(SCC IIISTI GOTIOTI	5)				+
6. Nonqualified Co	olorado ABLE Account	distributions (see instructions)	• 6		0 (
- 00 A 1 1:0:		,	_		
7. Other Additions Explain:	, explain (see instructi	ons)	• 7		0 (
8. Subtotal, sum o	f lines 1 through 7		8	69752	0 0
		Colorado Subtractions			
		hedule, line 23, you must submit the	I		
DR 0104AD sch	nedule with your return		• 9		0 (
10 Colorado Tavah	ole Income, subtract lin	ae 0 from line 8	• 10	69752	0 (
	· · · · · · · · · · · · · · · · · · ·	ee 104 Book for full-year tax table		R 0104PN Schedule	0 (
		R 0104PN line 36, you must submit the			
	h your return if applica	· ·	• 11	960	0 0
12. Alternative Mini	mum Tax from the DR	0104AMT line 8, you must submit the	ne		
DR 0104AMT w	rith your return.		• 12		0.0
Recapture of pr	ior year credits		• 13		0.0
14 Subtotal aum a	f lines 11 through 13		14	960	0 0
		104CR line 54, the sum of lines 15,			0.0
		nit the DR 0104CR with your return.	• 15		0.0
		credits used – as calculated, or from			
	•	16, and 17 cannot exceed line 14, yo			
	1366 with your return.	,	● 16		0 (
17. Strategic Capita	al Tax Credit from DR	1330, the sum of lines 15, 16, and 17	r cannot		
exceed line 14,	you must submit the D	R 1330 with your return.	• 17		0 (
				960	
		and 17. Subtract that sum from line 1			0 (
		schedule line 7, you must submit the	I		
DR 0104US wit	n your return.		• 19		0 (
00 Net Colorado T	ax, sum of lines 18 and	1 10	20	960	0 (
		and 1099s, you must submit the W-2			-
	Colorado withholding	, 3	• 21	1106	0 (
22. Prior-year Estin	nated Tax Carryforwar	d	• 22		0 (
23. Estimated Tax I	Payments, enter the su	ım of the quarterly payments remitte			
this tax year			• 23		0 0
P4 Extension Payr	nent remitted with the	DR 0158-I	• 24		0 (



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Name	SSN or ITIN
SHUBHAM MALVE	778-40-9911
25. Other Prepayments: □ • DR 0104BEP □ • DR 0108 □ • DR 1079 • 25	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 0 0
28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return. • 28	0 0
29. Subtotal, sum of lines 21 through 28	1106 00
Modified AGI for TABOR	roum Colomodo tou liability
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect y 30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP • 30	83602 0 0
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	83602
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	0.0
35. Sum of lines 29 and 34 35	1106 00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35	146 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 yo Colorado charity, include Form DR 0104CH to contribute.	ur overpayment to a qualified
38. Refund, subtract line 37 from line 36 (see instructions) • 38	146 00
Direct Routing Number 2 6 7 0 8 4 1 3 1 Type: X Checking S Deposit Account Number 6 1 3 0 5 6 7 5 0 Image: Checking Image: Che	Savings CollegeInvest 529
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest	t.org or call 800-448-2424.



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Name	
SHUBHAM MALVE	

39. Net Tax Due, subtrac	t line 35 from line 20		39				0 0
40. Delinquent Payment	Penalty (see instructions))	• 40				0 0
41. Delinquent Payment	Interest (see instructions)		• 41				0 0
42. Estimated Tax Penalt (see instructions)	y, you must submit the D	R 0204 with your return	• 42				0 0
43. Amount You Owe, su	m of lines 39 through 42		• 43				
by the State. If converted, your		nking transaction. Your bank acc our check is rejected due to insuf oank account electronically.					ceived
	7	Third Party Designee					
Do you want to allow another return and any related information Department of Revenue? So	mation with the Colorado	• X No •	Yes. Comple	te the fo	ollowing		
Designee's Name				Phone N	lumber		
•				•			
Sign Below Under penalties	s of perjury, I declare that to the	best of my knowledge and belief	this return is tru	e, correct	and comp	olete.	
Your Signature					Date (N	/M/DD/YY)	
Spouse's Signature. If joint retu	rn, BOTH must sign.				Date (N	/M/DD/YY)	
Paid Preparer's Name				Paid Prep	arer's Ph	one	
GLOBAL TAXES LLC				(678)	965-95	522	
Paid Preparer's Address		City		State	ZIP Cod	е	
245 ROONEY CT		E BRUNSWICK		NJ	0881	б	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						

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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:

SSN or ITIN

778-40-9911

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.





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Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2023

Taxpayer's Name		SSN or ITIN			
SHUBHAM MAI	JVE	778-40-9911			
gross income so	you and/or your spouse were a resident of another state for all or part of 2023. The othat Colorado tax is calculated for only your Colorado income. Complete this fough 10 of the DR 0104. If you filed federal form 1040NR, see the instructions.				
1. • Taxpayer i	s (mark one): X Full-Year Nonresident Part-Year Resident from Beginning ((MM/YY) Ending (MM/YY)			
Full-Year Resident Nonresident 305-day rule Military					
2. ● Spouse is	(mark one): Full-Year Nonresident Part-Year Resident from	(MM/YY) Ending (MM/YY)			
	Full-Year Resident Nonresident 305-day rule Military	′			
3. ● Mark the federal form you filed: X 1040 NR 1040 SR Other					
	Federal Information Co	olorado Information			
4. Enter all incline 1z.	come from your federal form 1040, • 4				
5. Enter incom	ne from line 4 that was earned while working in Colorado and/or earned				
while you w	ere a Colorado resident. Part-year residents should include moving				
1 -	ere a Colorado resident. Part-year residents should include moving	26158			
expense rei	mbursements only if paid for moving into Colorado.	l l			
6. Enter the s	mbursements only if paid for moving into Colorado. • 5 um of all taxable interest and ordinary	l l			
6. Enter the s	mbursements only if paid for moving into Colorado. um of all taxable interest and ordinary rom your federal form 1040. • 5	l l			
6. Enter the s dividends f 7. Enter incom	mbursements only if paid for moving into Colorado. um of all taxable interest and ordinary rom your federal form 1040. e from line 6 that was earned while you were a resident of Colorado or	00			
6. Enter the s dividends f 7. Enter incom derived from 8. Enter Unem	um of all taxable interest and ordinary rom your federal form 1040. • 6 00 e from line 6 that was earned while you were a resident of Colorado or the ownership of real or tangible personal property located in Colorado. • 7 aployment Compensation from your federal	00			
6. Enter the s dividends f 7. Enter incom derived from 8. Enter Unem form 1040,	um of all taxable interest and ordinary rom your federal form 1040. • 6 00 00 e from line 6 that was earned while you were a resident of Colorado or the ownership of real or tangible personal property located in Colorado. • 7 aployment Compensation from your federal Schedule 1. • 8 00	00			
6. Enter the s dividends f 7. Enter incom derived from 8. Enter Unem form 1040, s 9. Enter incom	um of all taxable interest and ordinary rom your federal form 1040. • 6 00 e from line 6 that was earned while you were a resident of Colorado or the ownership of real or tangible personal property located in Colorado. • 7 aployment Compensation from your federal	00			
 6. Enter the s dividends f 7. Enter incom derived from 8. Enter Unem form 1040, 9. Enter incom from anothe 10. Enter all cafederal form 	mbursements only if paid for moving into Colorado. um of all taxable interest and ordinary rom your federal form 1040. e from line 6 that was earned while you were a resident of Colorado or the ownership of real or tangible personal property located in Colorado. 7 inployment Compensation from your federal Schedule 1. e from line 8 that is from State of Colorado unemployment benefits; and/or is r state's benefits that were received while you were a Colorado resident. 9 apital gains and (losses) from both your m 1040 and 1040, Schedule 1 10 00	00			
 6. Enter the s dividends f 7. Enter incom derived from 8. Enter Unem form 1040, s 9. Enter incom from anothe 10. Enter all cafederal form 11. Enter incom 	um of all taxable interest and ordinary rom your federal form 1040. • 6 00 00 00 00 00 00 00 00 00 00 00 00 0	00			



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Name		SSN or ITIN
SHUBHAM MALVE		778-40-9911
	Federal Information	Colorado Information
12. Enter the sum of all income from your federal form	rederal illiorillation	Colorado Illiorillation
1040, lines 4b, 5b, and 6b. • 12	00	
13. Enter income from line 12 that was received during that		
Colorado resident.	• 13	00
14. Enter the sum of all business income or (loss) and farm		00
income or (loss) from your federal form 1040. These		
amounts are found on two separate lines. • 14	00	
15. Enter income from line 14 that was earned during that p		
Colorado resident and/or was earned from Colorado so		0.0
16. Enter all supplemental income and (loss) found on your		0 0
federal form 1040, Schedule E. • 16	-14342 00	
17. Enter income from line 16 that was earned from Colorac		
royalty income received or credited to your account duri		
were a Colorado resident; and/or partnership/S corpora	• • • • • • • • • • • • • • • • • • • •	0
taxable to Colorado during the tax year.	• 17	0.0
18. Enter the sum of all other income from your federal		
form 1040, Schedule 1 such as taxable refunds,		
alimony, and income listed as "total other income". • 18	00	
List Type		
19. Enter income from line 18 that was earned during that p		
Colorado resident and/or was derived from Colorado so	urces. • 19	0.0
List Type		
20. Total Income. Enter total other income amount found	83602	
on your federal form 1040.		
21. Total Colorado Income. Enter the total from the Colorad		26158
13, 15, 17 and 19.	21	20130 00
22. Enter all federal adjustments from your federal		
form 1040. • 22	00	
List Type		
	I	
23. Enter adjustments from line 22 as follows	• 23	0.0
List Type	• 23	00
Liot 1390		

- Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income.
- Student loan interest deduction and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20).
- Penalty paid on early withdrawals made while a Colorado resident.
- Moving expenses for members of the Armed Forces.

For treatment of other adjustments reported on federal form 1040, 1040 SR, or 1040 SP, line 10, see the Colorado Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.



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Name			SSN or ITIN				
SHUBHAM MALVE			778-40-9911				
	Federal Information		Colorado Information				
24. Adjusted Gross Income. Enter amount from your	02600						
federal form 1040.	83602	00					
			26150				
25. Colorado Adjusted Gross Income. Subtract line 23 fro	m line 21.	25	²⁶¹⁵⁸ 00				
26. Additions to Adjusted Gross Income. Enter the sum of							
lines 3 through 7 of Colorado Form 104 excluding an	/						
charitable contribution adjustments. • 2	6	00					
27. Additions to Colorado Adjusted Gross Income. Ente							
line 26 that is from non-Colorado state or local bond	I interest earned while						
a Colorado resident.*	•	27	00				
	83602						
28. Total of lines 24 and 26 2	8 83602	00					
			26158				
29. Total of lines 25 and 27		29	20130 00				
30. Subtractions from Adjusted Gross Income. Enter the							
amount from line 9 of Colorado Form 104 excluding							
any qualifying charitable contributions. • 3	0	00					
31. Subtractions from Colorado Adjusted Gross Income.							
Enter any amount from line 30 as follows:		31	00				
	The state income tax refund subtraction to the extent included on line 19 above						
	The federal interest subtraction to the extent included on line 7 above						
	The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above						
The Colorado Agricultural capital gain subtraction to							
For treatment of other subtractions, see the Indiv	idual Income Tax Guide an	d/or	the Income Tax Topics:				
Part-Year Residents & Nonresidents.							
32. Modified Adjusted Gross Income. Subtract line 30	83602						
from line 28.	2	00					
			26158				
33. Modified Colorado Adjusted Gross Income. Subtract li	ne 31 from line 29.	33	20130 00				
34. Divide line 33 by line 32. Round to the fourth decimal	31.2887						
place, i.e. xxx.xxxx 3	4	%					
	DD 0404 II 40		3069				
35. Tax from the tax table based on income reported on the	ie DR 0104 line 10	35	3009 00				
36. Apportioned tax. Multiply line 35 by the percentage on	960						
line 34. Enter here and on DR 0104 line 11.	6	00					

^{*} See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.

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