# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn 2	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		· ·	, 2023, end	ling			, 20		See se	oarate i	instructio	ons.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity nun	nber
RAKESH			MEDA	RA							703   66   7885			
If joint return, s	pouse's	s first name and middle initial	Last na	me									security	
ALEXA			MEDA	DARA							594	80	4556	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Ca	ımpaign
_11038 T	WENT	Y MILE RD						_   1	-101				ou, or yo	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below	<b>'</b> .	Sta	te	ZIP c	ode		•	0	jointly, w nd. Checl	
PARKER						CC	)	801	34		0		not chan	0
Foreign countr	y name		F	Foreign provi	ince/state/d	count	У	Foreiç	ın postal c	ode	your tax or refund.			Spouse
Filing Status	s $\square$	Single					☐ Head of h	ouseh	old (HOI	<del>-</del> I)				
Check only	X	Married filing jointly (even if only o	ne had i	ncome)			_							
one box.		Married filing separately (MFS)					Qualifying		0 1	,	,			
		you checked the MFS box, enter the			use. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	<del>)</del>
	qu	ıalifying person is a child but not you	ır deper	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, a	award, or	payn	nent for prope	rty or	services	); or (	b) sell,			
Assets		nange, or otherwise dispose of a dig										□ Yee             □	es 🔀	No
Standard	Som	neone can claim:	pendent	t 🗌 Yo	our spouse	e as	a dependent							
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	ı were a du	al-status	alien								
Age/Blindnes	e Vou	: Were born before January 2, 1	050 F	Are blind	l Sno	use	: Was bor	n hefe	ore Janu	an, 2	1050		s blind	
			333 <u> </u>	Ī	•			- 1					see instru	ictions).
Dependent		instructions): irst name Last name			ial security ımber		(3) Relationsh to you	iib	Child t				r other der	
If more than four	(.,.						,							
dependents,													一一	
see instruction and check	s —												一一	
here	]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructio	ns)						1a		149,6	652.
	b	Household employee wages not re	eported	on Form(s)	W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)							1c	:		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) V	V-2 (see ir	nstru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441, lin	ne 26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 883	9, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					, .			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions) .			<u>1i</u>							
	<u>z</u>	Add lines 1a through 1h	· · ·		· ; ·						1z	_	149,6	
Attach Sch. B	2a	· —	2a				axable interest				2b	_		880.
if required.	3a		3a				rdinary divide					_		7.
Standard	4a	<del>-</del>	4a				axable amoun					_		
Deduction for—	5a		5a				axable amoun					_		
Single or Married filing	6a	,	6a				axable amoun	τ			6b			
separately, \$13,850	C 7	If you elect to use the lump-sum e		•		`	,			.	] <b>_</b>			
Married filing	7	Capital gain or (loss). Attach Sche								. ∟	7			
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		145,8	677. 862
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-			·				10	+	<u> </u>	J U Z •
Head of	11	Subtract line 10 from line 9. This is									11		145,8	862
household, \$20,800	12	Standard deduction or itemized	-								12			700.
If you checked any box under	13	Qualified business income deduct									13		<u> </u>	, 00.
Standard	14										14		27 - "	700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		112 1	

Form 1040 (2023	3)									Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	16,610.	
Credits	17	Amount from Schedule 2, lin	ie 3						17		
	18	Add lines 16 and 17							18	16,610.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ie 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	16,610.	
	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 <b>total tax</b>						24	16,610.	
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a	17	,887			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c				<u> </u>			25d	17 <b>,</b> 887.	
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 from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	17,887.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>c</b>	verpaid		34	1,277.	
	35a	Amount of line 34 you want			is attached, chec	ck here		. 🗆	35a	1,277.	
Direct deposit?	b	Routing number 1 0 2			<b>c</b> Type:	Check	ing 🗌	Savings	5		
See instructions.	d	Account number 6 8 5	3 0 0 6	7 2							
	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 <i>www.irs.go</i> u	//Payments or	see instructions .				37		
	38	Estimated tax penalty (see in	nstructions) .			38					
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	n with the IRS?	See	_				
Designee							<b>Yes.</b> C	•		<b>⋉</b> No	
		signee's me		Phone no.				onal ide ber (PIN)	ntification		
Cian		der penalties of perjury, I declare the	nat I have examined		accompanying sche	dules an		` '		of my knowledge and	
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			lf t	he IRS se	nt you an Identity	
										IN, enter it here	
Joint return?					ELECTRICAI		INEER	`	ee inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on				nt your spouse an ection PIN, enter it here	
your records.					MEMBERSHIP	COOF	DTNATO		e inst.)	oction in the circumstance	
	———Ph	one no. (313) 420-892		Email address							
		eparer's name	Preparer's signat	Tundoning Tundo Control						Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/2	2/2024	P020	82703	Self-employed	
Preparer		m's name GLOBAL TA				1 / -	, _ , _ 1		hone no. (678) 965-9522		
Use Only				NSWICK N	J 08816				m's EIN	(1.0,000 0022	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							1	IIII 3 LIIV		

### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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. Sequence No. 01

Your social security number

<u>rak</u> e	SH & ALEXA MEDARA		703-66	<u>-78</u>	85
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	0.
4	Other gains or (losses). Attach Form 4797		[	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	e E .	5	-5,677.
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			
- 1	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. Ente				

-5**,**677.

10

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		_	
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	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 tax law violations	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

### **SCHEDULE B** (Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

### **Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/ScheduleB for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 08

Your social security number

703-66-7885 RAKESH & ALEXA MEDARA **Amount** Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions AMERICAN EXPRESS NATIONAL BANK 1,880. and the Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT. 1 Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 1,880. 2 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 1,880. Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR. line 2b 4 Note: If line 4 is over \$1,500, you must complete Part III. **Amount** 7. List name of payer: ROBINHOOD SECURITIES LLC Part II **Ordinary Dividends** (See instructions and the Instructions for Form 1040, 5 line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 7. dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts 7a At any time during 2023, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to X file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements . . . . . . . Additionally, you If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the may be required to file Form 8938, financial account(s) is (are) located: Statement of Specified Foreign During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a Financial Assets.

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

X

### **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.

OMB No. 1545-0074

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

Your social security number

RAKE	SH & ALEXA MEDARA						703-6	6-7885	
Part									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use <b>S</b>	Schedule	<b>C</b> . See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
A [	Did you make any payments in 2023 that would require you	to file E	orm(a) 1	0002 0	Soo in	atructions.			No. VI No.
	f "Yes," did you or will you file required Form(s) 1099?								
								. 🗀 ге	5   NO
1a	Physical address of each property (street, city, state, ZII	P code)							
Α	6-12-1A, JAYARAM STREET TAILOR PET, VIC	JAYAWA	ADA AN	IDHRA	PRA	DESH IN 5	20001		
В									
С									
1b	Type of Property 2 For each rental real estate property	erty liste	d		Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ıys	QUV
A	gersonal use days. Check the Quif you meet the requirements to the second secon		only	Α		365		0	
B	qualified joint venture. See instru			В					
C				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren		5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descr	ibe)		
						Properti			
Incon	ne:			Α		В			С
3	Rents received	3			24.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		4	51.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		6	35.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		7	85.				
15	Supplies	15		3	52.				
16	Taxes	16							
17	Utilities	17		5	20.				
18	Depreciation expense or depletion	18		3,5	58.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		6,3	01.				
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 <b>Form 6198</b>	21		<b>-5,</b> 6	77.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (		5,67	77.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental prope				23a		624.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		,558.		
е	Total of all amounts reported on line 20 for all properties				23e	6	,301.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estat							(	5,677.)
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						n		-5 677

## Form **8889**

## **Health Savings Accounts (HSAs)**

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

RAKESH MEDARA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 703-66-7885

Befo	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions		If-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	ir-only 🖾 Family
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		,
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,600.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	3,600.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	3,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	<b>HSA</b> deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	<u> </u>	arate l	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have seption complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040). Part II. line 17d	21	

BAA

## **Health Savings Accounts (HSAs)**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52** 

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

ALEXA MEDARA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

594-80-4556

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	lf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	4,150.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	4,150.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	2,450.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,700.
13	<b>HSA</b> deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate l	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ons b	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA

SPOUSE'S PEN AND INK SIGNATURE

# **E-file Signature Authorization**

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** RAKESH MEDARA 703 | 66 | 7885 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). MEDARA 80 | 4556 ALEXA PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)\*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 136,355 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 2,716 00 ROUTING NUMBER 0 2 0 0 2,726 00 □ Checking □ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 6 8 5 3 0 0 6 7 2 10|00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE იი DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed ....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b**  $\prod$  I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

THE RETURN			Arizona Form 140PY	Part-Year Res	ident Persona	al Income	e Tax Retu		_	LENDAR YEAR	
ERE	82F		Check box 82F filing under extension	OR FISCAL YEAR BEG	SINNING L	12,0,2,3	AND ENDING	G		<u> </u>	661
픋			First Name and Middle Initial		Last Name				Social	Security Nu	 mbe
2	1	RAK	ESH		MEDARA		Ent	701	3	66 78	885
	_		se's First Name and Middle Ini	tial (if box 4 or 6 checked)		-	you	Spou		ocial Security	
⊠	$\overline{}$	ALE		,	MEDARA		SSN	<b>l(s).</b> 59			, 556
<b>ANY ITEMS</b>	_		nt Home Address - number an	d street, rural route	112211111	Apt. No.	Day	time Phone			
≥	2	110	38 TWENTY MILE RD	·		1-101	94	(313) 42	0-8	926	
	_		own or Post Office	State	ZIP Code		Last Names Us				erent
굺	3	PARI	KER	CO	80134						9
DO NOT STAPLE		4	Married filing joint return		Protection of Joint O	vernavment	REVENUE USE	ONLY. DO N	от ма	RK IN THIS A	REA
S	TATUS	5	= "	er name of qualifying child or		vorpaymont	88R				
9	၂ဟ			or name or qualifying orma or v	aoponaoni on noxi iino.						
0	FILING	6	Married filing separate re	eturn: Enter spouse's name	and Social Security Num	ber above					
$\Box$	FIL	7	Single	,	,						
			<b>♦</b> Enter the number claim	ed. Do not put a check	mark.						
	q	8	Age 65 or over (you and	/or spouse) If completing I	lines 8, 9, and 11a, also con	nplete lines 46,	81P PM		80R	RCVD	
	and 10b	9	Blind (you and/or spouse	47 40 F	r lines 10a and 10b, also co	mplete line 59.			Г		
	anc	10a	Dependents: Under age	· —	ependents: Age 17 and	d over.					
	10a	11a	Qualifying parents and g								
	nts	12-1	3 Residency Status (check	k one): 12 🗵 Part-Year R	esident Other than Ac	tive Military	13 🗌 Part-Yea	r Resident A	ctive N	Military	
	and 11a - Dependents 10a		(Box 10a and 10b): Dependent	dent Information. See inst	tructions. For more s	pace, check	the box 🗌 and	complete p	age 4	I, Part 1.	
	ebe		(a)		(b)	(c)	(d)	(e)	Δαο	<b>√</b> (f)	
	- D		FIRST AND LA (Do not list yourse		SOCIAL SECURITY NUMBER	RELATIONS	NO. OF MONTH			if you did not this person on	your
	11a		(20 Hot not yourse	c. speace.,	TTOMBER		HOME IN 2023	Box 10a) (Box 10a)	2 ox 10b)	federal return d educational cre	
	and	10c									
٠.		<b>10</b> d									
<u>P</u>	าร 8		(Box 11a): Qualifying paren	its and grandparents. See				nd complete	page		
4	tior		(a)	OTNAME	(b)	(c)	(d)	(e) ✓ 15 A O F O		√ (f) ✓ IF DIED	INI
ents after Form 140PY.	Exemptions 8, 9,		FIRST AND LA (Do not list yourse		SOCIAL SECURITY NUMBER	RELATIONS	LIVED IN YOU	R OVER		2023	IIN
둳	Ĕ	44.	(26 hathet yeares) of speace,			HOME IN 2023					
er		11ь 11с									
aft			Dates of Arizona residency: From	ni 0, 1i 0, 1i 2, 0, 2,	3   <b>to</b>   0, 3   0, 7   2	2.0.2.31	2023 FEDI	ERAL	20	23 ARIZON	Α
ts			List other state(s) of residency:				Amount from Fed	l l		Amount Only	
		15	Wages, salaries, tips, etc				15 149	652 <b>00</b>	<b>00</b> 136,355		
Ę			Interest					,880 00			000
<u>8</u>		17	Dividends				17	7 00		(	000
ř		18	Arizona income tax refunds				18	00			00
the	me	19	Business income (or loss) fro	m federal Schedule C			19	0 00		(	0 00
0	lncc	20	Gains (or losses) from federa	I Schedule D. See instruction	ons for ARIZONA column	١	20	00			00
0 9	na	21	Rents, royalties, partnerships, est	ates, trusts, small business co	orporations from federal	Schedule E	<b>21</b> – 5	677 00		(	0 00
ë	Arizona Income	22	Other income reported on you	ur federal return: Include yo	ur own schedule		22	00			000
듗	⋖	23	Total income: Add lines 15 thro	ough 22			23 145	, 862 <b>00</b>		136,355	
š		24	Other federal adjustments: In				24	0 00		(	000
SZ		25	Federal adjusted gross incom	ne: Subtract line 24 from line	23 in the FEDERAL colu	mn	<b>25</b> 145	, 862 <b>00</b>			
₹		26	Arizona gross income: Subtrac	ct line 24 from line 23 in the Al	RIZONA column			26		136,355	
ũ		27	Arizona income ratio: Divide	7						0.93	
<del>=</del>	ns	28	Small Business income: 28S								00
eri	Additions	29	Modified Arizona gross incom	ne. Subtract line 28 from li	ine 26			29		136,355	
<u>e</u>	Add	30	Total depreciation included in	-				1			00
any required federal and AZ schedules or other docum			Other Additions to Income. C								00
<u>=</u>	ge 2	32	Subtotal: Add lines 29, 30 and							136,355	5  <b>0</b> (
ğ	n page	33	Total Arizona net capital gain					00			
7	nt. o	34			tal gain or (loss) included on line 33						
an	- 001	35	Total Arizona net long-term ca					00			
ė	- suc	36	Net long-term capital gain from					0 00			T.
Place	actic		Multiply line 36 by 25% (.25)								00
4	Subtractions		Net capital gain derived from							100 05	00
	(O	∣ 39	Subtract lines 37 and 38 from	i line 32. Enter the differei	nce			39		136,355	)()(د

 39 Subtract lines 37 and 38 from line 32. Enter the difference.
 39 | 136, 355 | 00 |

 ADOR 10149 (23)
 AZ Form 140PY (2023)

 REV 01/13/24 PRO
 Page 1 of 6

Ī	Your I	Name (as shown on page 1)	Your Social Security Number				
	P Z F	KESH & ALEXA MEDARA	703-66-7	885			
_							
otractions from page 1	40 41	Recalculated Arizona depreciation			00		
Subtractions nt. from page	41				00		
fro	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills			00		
Scort	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income scheduler			00		
٥	44	Subtract lines 40 through 44 from line 39. Enter the difference	. •		136,355 00		
	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00	130,333 00		
ဟ	47	Blind: Multiply the number in box 9 by \$1,500		00			
Exemptions	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,3004		00			
ğ	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		00			
ä	50	Add lines 46 through 49. Enter the total		00			
	51	Multiply line 50 by the Arizona income ratio on line 27			0 00		
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"			136,355 00		
ŀ	53	Deductions: Check box and enter amount. See instructions53I ITEMIZED 538			27,700 00		
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instru			00		
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			108,65500		
ă	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result			2,71600		
of Tax	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00		
2	58	Subtotal of tax: Add lines 56 and 57. Enter the total			2,71600		
Balance	59	Dependent Tax Credit. See instructions		59	00		
	60	Family income tax credit (from the worksheet - see instructions)		60	00		
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62		61	00		
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line	e 58, enter "0"	62	2 <b>,</b> 716 <b>00</b>		
its a	63	2023 AZ income tax withheld		63	2 <b>,</b> 726 <b>00</b>		
its a	64		00 Add 64a and		00		
mer ble (	65	2023 AZ extension payment (Form 204)		65	00		
I Pay	66	Increased Excise Tax Credit (from the worksheet - see instructions)			00		
Total Payments and Refundable Credits	67	Other refundable credits: Check the box(es) and enter the total amount671 308-I 672			00		
	68	Total payments and refundable credits: Add lines 63 through 67. Enter the total			2,726 00		
o ment	69	<b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 7			1.000		
Due	70	<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment			10 00		
Tax Due or Overpayment	71	Amount of line 70 to be applied to 2024 estimated tax			10 00		
	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference	II.	00	10 00		
sifts	73	- 83 Voluntary Gifts to:  Child Abuse Prevention75  Output Solutions realins Assigned to Schools	77	00			
2		Neighbors Helping Neighbors <b>78</b> 00 Special Olympics <b>79</b> 00 Veterans' Donations Fu	II.	00			
ınta		I Didn't Pay Enough Fund81 00 Special olympics 79 00 Veteralis Bolizations Fundamental Republic Special Olympics 79 00 Veteralis Fundamental Republic Special Olympics 79 00 Veteralis Fundamental Republic Special Olympics 79 00 Veteralis Fundamental Republic Fundamental Republic Fundamental Republic Fundamental Funda		00			
Voluntary G	84	Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843		100			
	85	Estimated payment penalty.		85	00		
Penalty	86	861 □ Annualized/Other 862 □ Farmer or Fisherman 863 □ Form 221 included			100		
Per	87	Add lines 73 through 83 and 85; enter the total		87	00		
	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89		88	10 00		
ved		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see	instructions. 88	<b>4</b> 🗌			
p t O		CM Checking or ROUTING NUMBER ACCOUNT NUMBER		7			
Refund or Amount Owed		98 S Savings 1 0 2 0 0 1 0 1 7 6 8 5 3 0 0 6 7 2					
⋖	89	<b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write yo	ur SSN on paym	nent. <b>89</b>	00		
	t	Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	the best of my parer has any kn	y knowledo nowledge.	ge and belief, they are		
뿌	→_		LECTRICAL	ENGIN	IEER		
Ż	<b>→</b>		CUPATION EMBERSHIP	COORI	אדאו א ייי רוי דע		
SIGN HERE			USE'S OCCUPAT		)TINUTOU		
S		SYAM PRIYA RAM SAGAR GUPTA 03222024 GLOBAL TAXES LL					
SE	F	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF 245 ROONEY CT	SELF-EMPLOYED P02082	•	_		
EASE	Ē	PAID PREPARER'S STREET ADDRESS	PAID PREPAR				
P		E BRUNSWICK NJ 08816		965-952	22		
-	_						

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include your payment with return If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.



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

	ot mail this form to the IRS			For Tax Year	(MM/DI	D/YY)		or Fiscal	Year	beginni	ng (MN	N/DD/YY)
Depar	tment of Revenue. Retain v	with your red	cords.	12/31/	23							
Tax Ty	ре											
X	Individual Income (DR 0104)	Corporate Inc (DR 0112)	come		nersh 0106	nip/S-Corp	Income	•		Fiduc (DR 0		ncome
Taxpay	ver Last Name or Business Name		First Nar	me or Busine	ss DE	BA if different	from Bu	siness N	ame			Middle Initia
MEDA	ARA		RAKES	SH								
Spous	e's Last Name (if applicable)		First Nar	me								Middle Initia
ME DA	ARA		ALEXA	Ą								
Taxpay	er SSN or ITIN	?	Spouse S	SSN or ITIN (	if appl	licable)			FE	IN		
703-	-66-7885		594-8	30-4556								
Taxpay	yer or Business Address				City					State	ZIP	
1103	88 TWENTY MILE RD APT	1-101			PAF	RKER				СО	80	134
		Part I	— Тах	Return Ir	ıforn	nation						
<b>1</b> . Tota	al Income from your federal re	eturn (see instr	ructions	s for more	infori	mation)	1	\$				145862
Taxable Income (or allowable deduction) from your federal return (see instr for more information)								\$				118162
	orado Tax from your Colorado						3	\$				541
	orado Tax Withheld or Payme nore information)	ents, from your	<sup>-</sup> Colora	ado return	(see	instruction		\$				610
	,	Part II	— Dec	laration o	f Tax	Payer		1.7				
Federal/0 I underst	enalties of perjury, I declare that the infon Colorado income tax returns, and that said and that I (or my Electronic Return Origin es, and attachments upon request by the C	tax returns, stateme ator (ERO) if applica	ents, sched able) may	dules and attact be required to	hments provid	s are true, corre le paper copies	ect, and co of this de	mplete to eclaration,	the b	est of my eturns, v	y knowl vithholo	ledge and belief ding statements
Signatu						, , , , , , , , , , , , , , , , , , ,		(MM/DD/				
Spouse	e's Signature (If Joint Return, Both M	ust Sign)					Date	(MM/DD/	YY)			
	Pa	art III — Decla	aration	of ERO/P	repa	rer/Transr	nitter					
	If the transmitter did not prep	are the tax ret	turn, ch	eck here								
the prepa taxpayer correct, a have pro of limitati	of the preparer, I declare only that the amorarer, under penalties of perjury I declare the and the amounts shown in Part I above agand complete to the best of my knowledge vided the taxpayer with copies of all forms ions, and to provide paper copies of this detail and time during this period.	at I have reviewed th pree with the amount e and belief. As prepa s and information file	ne above ta is shown o arer, I furtl ed. I also a	axpayer's Fede on said tax retur her declare that agree to mainta	eral/Col rns, and at I have ain this	orado income t d that said tax re e obtained the signed Form ([	ax returns eturns, sta taxpayer's DR 8454)	and that to tements, so signature for the per	he intended	formation dules, an his form covered b	n provious of attactattactattactactactactactactactacta	ded to me by the hments are true time of filing and Colorado statute
	Signature					Preparer Ide	entificatio	n Numb	er, Yo	our SSI	N, or I	TIN
SYAM	I PRIYA RAM SAGAR GUPTA	A				P020827	703				_	
						Date (MM/DD	)/YY)					
	Check if also Preparer	X				03/22/2	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 Nonresident ident combinati				0104	1PN			if Abroa	ad on due ons	date –	
Your Last Name		,		rst Nam							Mid	Idle Initial
MEDARA			RAKE	SH								
Date of Birth (MM/DD/YYYY)	SSN or ITIN		Deceas	sed								
06/13/1988	703-66-788	5		L		the DF	₹ 0102	2 and c	death ce	refund, yo ertificate w	ith your	
Enter the following information driver license or state identific		rent	State o	of Issue		6341		ers of ID	number	<b>Date of Iss</b> 05/19/		
If Joint, Spouse's Last Name			Spouse	's First I	Name	е					Mid	dle Initial
MEDARA		ALEX	ΚA									
Spouse's Date of Birth (MM/DD/YYYY)	r ITIN	Deceas	sed									
01/20/1989	6		L		the DF	₹ 0102	2 and c	death ce	refund, yo ertificate w	ith your		
Enter the following information	1166,6	State o	State of Issue Last 4 characters of ID number Date of I				Date of Iss	uance				
current driver license or state	identification ca	ard.	СО		8749 03				03/31/	21		
Mailing Address									Pho	ne Number		
11038 TWENTY MILE RD A	APT 1-101								(3	13) 420-8	3926	
City				State	ZIP	Code			Foreign	Country (if a	pplicable	)
PARKER				CO	80	)134						
To see if you or members	s of your house	hold qua	lify for 1	free or	red	uced-d	cost h	ealth c	overag	e, check t	his box	if:
You are a Colorado re     AND				•								
You give permission for for Health Colorado (the												
									R	ound To Th	e Neares	t Dollar
1. Enter Federal Taxable Inco	P		come t	ax forr	n:			• 1			1181	00
Include W-2s and 1099s with 0												
		itions to										
2. State and Local Income ta		sales tax	es clair	ned or	n ted	deral fo	orm 10					0.0
Schedule A. (see instruction	ms)							• 2				0 0
3 Qualified Business Income	Deduction Ad	dhack (se	e instri	uctions	3)			. 3				0.0



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Name				SSN or ITIN	
RAKESH & ALEXA	MEDARA			703-66-7885	
4 Federal Deducti	ion addback (see instructio	ns)	• 4		0
	ollegeInvest Tuition Savings		• •		
(see instructions		Account distributions	• 5		0.0
(CCC IIICII CCIICII	<u>-,                                    </u>				
6. Nonqualified Co	olorado ABLE Account distr	ributions (see instructions)	• 6		0 (
			_		
<b>7.</b> Other Additions  Explain:	, explain (see instructions)		• 7		0 (
O Cubtotal aura	flipped 4 through 7			11816	2 00
8. Subtotal, sum o	Tilnes Tithrough 7	Colorado Subtractions	8		0 (
9. Subtractions fro	m the DR 0104AD Schedu	le, line 23, you must submit the			
	nedule with your return.	io, into 20, you must submit the	• 9		0.0
				11816	2
	le Income, subtract line 9 f		• 10		0(
		4 Book for full-year tax table and p	art-year [	OR 0104PN Schedule	
		4PN line 36, you must submit the		54:	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$
	h your return if applicable.	4414T.II. O	• 11		0(
		4AMT line 8, you must submit the	. 40		0 (
DR 0104AMT w	nin your return.		• 12		01
<b>13.</b> Recapture of pr	ior year credits		• 13		0 (
101 Hoodpid o or pr	ior your oround			F 4	
<b>14.</b> Subtotal, sum o	f lines 11 through 13		14	54	0 (
		R line 54, the sum of lines 15, 16, and	d 17		
	, ,	e DR 0104CR with your return.	• 15		0 (
		ts used – as calculated, or from the			
		nd 17 cannot exceed line 14, you mus			
	1366 with your return.	, the sum of lines 15, 16, and 17 cann	• 16		0 (
•	you must submit the DR 13		• 17		0 (
CACCCO IIIIC 14,	you must submit the DIX is	oo wiin your return.	• 17		
18. Net Income Tax	sum of lines 15, 16, and 1	7. Subtract that sum from line 14.	18	54	1 0
		dule line 7, you must submit the			
DR 0104US with		, ,	• 19		0 (
				54:	1
	ax, sum of lines 18 and 19		20		0 (
		099s, you must submit the W-2s and	i	61	
1099s claiming	Colorado withholding with	your return.	• 21		00
22 Prior-vear Fetim	nated Tax Carryforward		• 22		0 (
		the quarterly payments remitted for			
this tax year	a,onto, onto and odin of	and quartony paymonto formitted for	• 23		0.0
	nent remitted with the DR 0	15Q I	• 24		0 (



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Name	SSN or ITIN
RAKESH & ALEXA MEDARA	703-66-7885
<b>25.</b> Other Prepayments:	0 0
26. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit	0 0
the DR 1305G with your return. • 26  27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must	0 0
submit each DR 0617 with your return. • 27  28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR	<u> </u>
with your return. • 28	0 0
29. Subtotal, sum of lines 21 through 28	610 00
Modified AGI for TABOR	0 0
Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect	your Colorado tax liability.
<b>30.</b> Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP	145862 00
01 1040 01	
31. Nontaxable Social Security Income • 31	0 0
32. Nontaxable interest income from state and local bonds • 32	0.0
	1/15862
33. Sum of lines 30 through 32: Modified AGI for TABOR 33	00
<b>34.</b> 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
<b>35.</b> Sum of lines 29 and 34 <b>35</b>	610 00
<b>36.</b> Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35	69 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 you Colorado charity, include Form DR 0104CH to contribute.	our overpayment to a qualified
<b>38.</b> Refund, subtract line 37 from line 36 (see instructions) • <b>38</b>	<sup>69</sup> 00
Direct Routing Number 1 0 2 0 0 1 0 1 7 Type: X Checking	Savings CollegeInvest 529
<b>Deposit</b> Account Number 6 8 5 3 0 0 6 7 2	
For questions regarding CollegeInvest direct deposit or to open an account, visit <i>CollegeInve</i> s	st.org or call 800-448-2424.



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RAKESH & ALEXA MEDARA				703-	66-7885	
<b>39.</b> Net Tax Due, subtract 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
<b>42.</b> Estimated Tax Penalty, you must submit the D (see instructions)	R 0204 with your return	• 42				0 0
<b>43.</b> Amount You Owe, sum of lines 39 through 42		• 43				
The State may convert your check to a one-time electronic ba by the State. If converted, your check will not be returned. If yo Revenue may collect the payment amount directly from your b	our check is rejected due to insuffic					ived
7	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 • No	res. Comple	ete the fo	llowing	:	
Designee's Name			Phone N	lumber		
•			•			
Sign Below Under penalties of perjury, I declare that to the	best of my knowledge and belief,	this return is tru	ue, correct			
Your Signature				Date (N	MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.				Date (N	MM/DD/YY)	
Paid Preparer's Name			Paid Prep	arer's Ph	none	
GLOBAL TAXES LLC			(678)	965-9	522	
Paid Preparer's Address	City		State	ZIP Cod	de	
245 ROONEY CT	E BRUNSWICK		NJ	0881	6	

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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:

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

raxpayer's Name			2211 01 1	IIIN	
RAKESH & ALEXA MEDARA			703-6	66-7885	
Use this form if you and/or your spouse were a resident of a gross income so that Colorado tax is calculated for only you out lines 1 through 10 of the DR 0104. If you filed federal for	ır Colorado income. Comple	ete this for			
		Beginning (	MM/YY)	Ending (MM/YY	()
1. • Taxpayer is (mark one): Full-Year Nonresident ∑	Part-Year Resident from	03/2		12/23	<u>,                                     </u>
Full-Year Resident	Nonresident 305-day ru	le Military			
		Beginning (	MM/YY)	Ending (MM/YY	<u>()</u>
2. • Spouse is (mark one): Full-Year Nonresident ∑	Part-Year Resident from	03/2		12/23	,
Full-Year Resident	Nonresident 305-day ru	le Military			
3. • Mark the federal form you filed:   X 1040   104	40 NR	Othe	r		
	Federal Information	Co	lorado	Information	
4. Enter all income from your federal form 1040, line 1z.	Federal Information		lorado	Information	
<ul> <li>4. Enter all income from your federal form 1040, line 1z.</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> </ul>	in Colorado and/or earned should include moving	00 5	olorado	15182	00
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents</li> </ul>	in Colorado and/or earned should include moving	00	olorado	15182	00
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> </ul>	in Colorado and/or earned should include moving lorado.	5	olorado	15182	000
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> <li>7. Enter income from line 6 that was earned while you were a</li> </ul>	in Colorado and/or earned should include moving lorado.  1887	5 00	olorado	15182	
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> <li>7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro</li> </ul>	in Colorado and/or earned should include moving lorado.  1887	5 00	olorado	15182	000
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> <li>7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro</li> <li>8. Enter Unemployment Compensation from your federal</li> </ul>	in Colorado and/or earned should include moving lorado.  1887	5 00 7	olorado	15182	
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> <li>7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro</li> <li>8. Enter Unemployment Compensation from your federal form 1040, Schedule 1. • 8</li> </ul>	in Colorado and/or earned should include moving blorado.  1887  a resident of Colorado or operty located in Colorado.	5 00 7	olorado	15182	
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> <li>7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal process. Enter Unemployment Compensation from your federal form 1040, Schedule 1. • 8</li> <li>9. Enter income from line 8 that is from State of Colorado une</li> </ul>	in Colorado and/or earned should include moving blorado.  1887  a resident of Colorado or operty located in Colorado.  employment benefits; and/or	00 5 00 7 00 is	olorado	15182 0	00
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> <li>7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal pro</li> <li>8. Enter Unemployment Compensation from your federal form 1040, Schedule 1. • 8</li> <li>9. Enter income from line 8 that is from State of Colorado une from another state's benefits that were received while your federal form 1040 and 1040, Schedule 1 • 10</li> </ul>	in Colorado and/or earned should include moving blorado.  1887  a resident of Colorado or operty located in Colorado.  employment benefits; and/or were a Colorado resident.	00 5 00 7 00 is	olorado	15182 0	
<ul> <li>line 1z. • 4</li> <li>5. Enter income from line 4 that was earned while working while you were a Colorado resident. Part-year residents expense reimbursements only if paid for moving into Co</li> <li>6. Enter the sum of all taxable interest and ordinary dividends from your federal form 1040. • 6</li> <li>7. Enter income from line 6 that was earned while you were a derived from the ownership of real or tangible personal promulations. • 8</li> <li>9. Enter Unemployment Compensation from your federal form 1040, Schedule 1. • 8</li> <li>9. Enter income from line 8 that is from State of Colorado une from another state's benefits that were received while your</li> <li>10. Enter all capital gains and (losses) from both your</li> </ul>	in Colorado and/or earned should include moving alorado.  1887  a resident of Colorado or operty located in Colorado.  employment benefits; and/or were a Colorado resident.  art of the year you were a	00 5 00 7 00 is 9	olorado	15182 0 0	00



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Name		SSN or ITIN
RAKESH & ALEXA MEDARA		703-66-7885
	Federal Information	Colorado Information
12. Enter the sum of all income from your federal form	rederal information	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	<b>V</b> 13	
income or (loss) from your federal form 1040. These	0	
amounts are found on two separate lines. • 14	ool ool	
15. Enter income from line 14 that was earned during that p		
Colorado resident and/or was earned from Colorado so		0 00
16. Enter all supplemental income and (loss) found on your		0.0
federal form 1040, Schedule E. • 16	-5677 <b>00</b>	
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	00
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		
<b>19.</b> 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	145862	
on your federal form 1040.	00	
21. Total Colorado Income. Enter the total from the Colorad		15182
13, 15, 17 and 19.	21	00
22. Enter all federal adjustments from your federal	0 00	
form 1040. • 22	00	
List Type		
23. Enter adjustments from line 22 as follows	• 23	0 00
List Type	₩ 23	
2.00 1700		

- 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			
RAKESH & ALEXA MEDARA			703-66-7885	
	Federal Information	(	Colorado Information	
<b>24.</b> Adjusted Gross Income. Enter amount from your federal form 1040.	145862	00		
25. Colorado Adjusted Gross Income. Subtract line 23 from lin	ne 21.	25	15182	00
<b>26.</b> Additions to Adjusted Gross Income. Enter the sum of lines 3 through 7 of Colorado Form 104 excluding any charitable contribution adjustments. • <b>26</b>		00		
27. Additions to Colorado Adjusted Gross Income. Enter ar line 26 that is from non-Colorado state or local bond into a Colorado resident.*	ny amount from terest earned while	27		00
<b>28.</b> Total of lines 24 and 26 <b>28</b>	145060	00		00
29. Total of lines 25 and 27		29	15182	00
<b>30.</b> Subtractions from Adjusted Gross Income. Enter the amount from line 9 of Colorado Form 104 excluding any qualifying charitable contributions. • <b>30</b>		00		
<b>31.</b> Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows:	•	31		00
<ul> <li>The state income tax refund subtraction to the extent inc</li> <li>The federal interest subtraction to the extent included on</li> <li>The pension/annuity subtraction and the PERA or DPS retiiing</li> <li>The Colorado Agricultural capital gain subtraction to the For treatment of other subtractions, see the Individual Part-Year Residents &amp; Nonresidents.</li> </ul>	n line 7 above rement subtraction to the ex extent included on line 20	above		
<b>32.</b> Modified Adjusted Gross Income. Subtract line 30 from line 28.	145862	00		
33. Modified Colorado Adjusted Gross Income. Subtract line 34. Divide line 33 by line 32. Round to the fourth decimal	31 from line 29.	33	15182	00
place, i.e. xxx.xxxx 34	10.4085	%		
35. Tax from the tax table based on income reported on the D	OR 0104 line 10	35	5199	00
<b>36.</b> Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 11. <b>36</b>	541	00		

<sup>\*</sup> 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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