Department of the Treasury

Internal Re

IRS e-file Signature Authorization

OMB No. 1545-0074

2018

Return completed Form 8879 to your ERO. (Don't send to the IRS.) ▶ Go to www.irs.gov/Form8879 for the latest information.

Internal Revenue Service	
Submission Identifica	tion Number (SID)

587278201904701dad5p

Taxpayer's name	Social security number
PRIYATHAM REDDY KOMMAREDDY	831-33-1556
Spouse's name	Spouse's social security number

Part	Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)		
1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	82,112.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	11,367.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a).	3	12,648.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,281.
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	
Part I	I Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy	/ of y	our return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

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

X	I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	3	1 5	5	6	
		ERO firm name		Enter	r five di	gits, k	out	
as my signature on my tax year 2018 electronically filed income tax return.						all zer	os	
			ear 2018 electronically filed income tax return. Ch sing the Practitioner PIN method. The ERO must c					
Your sig	nature 🕨		Date ►					
Spouse	's PIN: chec	k one box only				<u> </u>		
	I authorize		to enter or generate my PIN					
		ERO firm name		Enter	r five di	gits, t	out	
	as my signa	ture on my tax year 2018 electronica	Illy filed income tax return	don't	enter a	all zer	os	

as my signature on my tax year 2018 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date	

Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7	2	7	8	1	2	3	4	5
		Don't enter all zeros									

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpaver(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

Date

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

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA** Form **9325**

(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for	participating in IRS e-file	Э.
	831-33-1556	

Taxpayer name PRIYATHAM REDDY KOMMAREDDY

Taxpayer address (optional)

275 OAK CREEK DIVE APT 102

WHEELING IL 60090

- 1. X
 Your federal income tax return for
 2018
 was filed electronically with the
 Philadelphia

 Submission Processing Center. The electronic filing services were provided by
 GLOBAL TAXES LLC
 .
- 2. X Your return was accepted on <u>02/16/2019</u> using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is <u>587278201904701dad5p</u>.
- 3. Your return was accepted on ______ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
- 4. O Your electronic funds withdrawal payment request was accepted for processing.
- 5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- 6. Vour Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on ______. The Submission ID assigned to your extension is

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

E 1040		rtment of the Treasury-Internal Revenue Service		³⁹⁾ 20	18		. 1545-0074	IRS Use O	nly—Do	not write or staple in this space.
Filing status:	X	ingle Married filing jointly Married	filing s	eparately	Head o	f household	Qualif	ying widow(e	er)	
Your first name	and ini	ial Last	t name					<u> </u>	You	ur social security number
PRIYATHA	MR	EDDY KO	MMAF	REDDY					83	1-33-1556
Your standard d	leducti	on: Someone can claim you as a deper	ndent	You wer	e born b	pefore Janua	ary 2, 1954	🗌 You	are blin	d
If joint return, sp	ouse's	first name and initial Last	t name						Spo	ouse's social security number
Spouse standard		on: Someone can claim your spouse as a	•		•	vas born bel	ore January	2, 1954		Full-year health care coverage or exempt (see inst.)
Home address (numbe	r and street). If you have a P.O. box, see instru	uctions					Apt. no.		sidential Election Campaign
275 OAK	CRE	EK DIVE						102	(see	inst.) You Spouse
City, town or po	st offic	e, state, and ZIP code. If you have a foreign a	ddress	, attach Sched	ule 6.					nore than four dependents,
WHEELING	; IL	60090							see	e inst. and 🗸 here 🕨 🗌
Dependents ((see ir	structions):	(2) Soci	al security numbe	r	(3) Relationshi	p to you			ualifies for (see inst.):
(1) First name		Last name						Child tax	credit	Credit for other dependents
									<u> </u>	
									<u> </u>	
Sign		enalties of perjury, I declare that I have examined this and complete. Declaration of preparer (other than tax							nowledg	ge and belief, they are true,
Here		pur signature		Date	1	occupation	,		If the I	RS sent you an Identity Protection
Joint return?					SOF	TWARE	ENGINE	ER	PIN, er	nter it ee inst.)
See instructions. Keep a copy for	s	oouse's signature. If a joint return, both must s	sign.	Date	Spous	se's occupa	tion		If the I	RS sent you an Identity Protection
your records.	7								PIN, er	nter it ee inst.)
Dela	P	eparer's name Preparer's	signati	ure	1		PTIN	F	irm's E	
Paid	APF	PPANA RUPA VENKATA SATYA SAI MANIKUMAR PO2090332						3rd Party Designee		
Preparer	Fi	m's name 🕨 GLOBAL TAXES LLO	r				Phone no).		Self-employed
Use Only		m's address ► 2530 Pebble Cree		n Cummir	na GA	30041	1	-		
For Disclosure, I		Act, and Paperwork Reduction Act Notice			-					Form 1040 (2018)
			,							
Form 1040 (2018))									Page 2
	1	Wages, salaries, tips, etc. Attach Form(s) W-	2.		· .				1	87,022.
Attach Form(s)	2a	Tax-exempt interest 2a				b Taxable	e interest		2b	
W-2. Also attach	3a	Qualified dividends 3a				b Ordina	ry dividends		3b	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities . 4a				b Taxable	e amount		4b	
withheld.	5a	Social security benefits 5a					e amount		5b	
	6	Total income. Add lines 1 through 5. Add any amou								82,112.
	7	Adjusted gross income. If you have no adj subtract Schedule 1, line 36, from line 6		nts to income,			from line 6;	otherwise,	7	82,112.
Standard Deduction for—	8	Standard deduction or itemized deductions (8	12,000.
Single or married	9	Qualified business income deduction (see in:	`	,					9	12,000.
filing separately, \$12,000	10	Taxable income. Subtract lines 8 and 9 from		,					10	70,112.
Married filing iointly or Qualifying		a Tax (see inst.) 11, 367. (check if any from:						· · · ·	10	, , , , , , , , , , , , , , , , , , , ,
jointly or Qualifying widow(er),	' ''	b Add any amount from Schedule 2 and che						(′	11	11,367.
\$24,000 • Head of	12	a Child tax credit/credit for other dependents					e 3 and check		12	11,30/.
household,	13	Subtract line 12 from line 11. If zero or less, o	ontor -l						13	11,367.
\$18,000 • If you checked	14								14	0.
any box under Standard	15	Other taxes. Attach Schedule 4 . <td< td=""><td>15</td><td>11,367.</td></td<>					15	11,367.		
deduction,	16	Federal income tax withheld from Forms W-2 and 1099						16	12,648.	
see instructions.	17			b Sch. 8812			orm 8863	•••		
		Add any amount from Schedule 5							17	
	18	Add lines 16 and 17. These are your total part							18	12,648.
	19	If line 18 is more than line 15, subtract line 15							19	1,281.
Refund	19 20a	Amount of line 19 you want refunded to you					•	_	20a	1,281.
Direct deposit?	≥ua ► b	Routing number 2 6 7 0 8			c Type		_	Savings	200	,
See instructions.	►d			8 0 2				Juniyo		
	21	Amount of line 19 you want applied to your 20				21				
Amount You Owe		Amount you owe. Subtract line 18 from line					ctions		22	· · · · · · · · · · · · · · · · · · ·
anount rou owe	23	Estimated tax penalty (see instructions) .				23				

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

SCHEDULE 1		OMB No. 1545-0074				
(Form 1040)		Additional Income and Adjustme	Since			2018
Department of the Tre	easurv	► Attach to Form 1040.				Attachment
Internal Revenue Serv	/ice	► Go to www.irs.gov/Form1040 for instructions and	the la	atest information.		Sequence No. 01
Name(s) shown on I						social security number
		DY KOMMAREDDY				1-33-1556
Additional	1–9b	Reserved			1–9b	
Income	10	Taxable refunds, credits, or offsets of state and local inco			10	
	11	Alimony received			11	
	12	Business income or (loss). Attach Schedule C or C-EZ		<u>.</u>	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not re			13	
	14	Other gains or (losses). Attach Form 4797			14	
	15a	Reserved			15b	
	16a	Reserved			16b	
	17	Rental real estate, royalties, partnerships, S corporations, trust			17	-4,910.
	18	Farm income or (loss). Attach Schedule F			18	
	19	Unemployment compensation			19	
	20 a	Reserved			20b	
	21	Other income. List type and amount ▶			21	
	22	Combine the amounts in the far right column. If you don't	have	any adjustments to		
		income, enter here and include on Form 1040, line 6. Oth		e, go to line 23	22	-4,910.
Adjustments	23	Educator expenses	23			
to Income	24	Certain business expenses of reservists, performing artists,				
		and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889 .	25			
	26	Moving expenses for members of the Armed Forces.				
		Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27			
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29	Self-employed health insurance deduction	29			
	30	Penalty on early withdrawal of savings	30			
	31a	Alimony paid b Recipient's SSN ►	31a			
	32	IRA deduction	32			
	33	Student loan interest deduction	33			
	34	Reserved	34			
	35	Reserved	35			
	36	Add lines 23 through 35			36	

For Paperwork Reduction Act Notice, see your tax return instructions.

SCHEDULE 1

Т

Schedule 1 (Form 1040) 2018

OMB No. 1545-0074

REV 12/21/18 PRO

SCHED	ULE	Ε
(Form 1	040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Attach to 1040, 1040NR, or Form 1041. E for instructions and the latest information.

Department of the Treasury	Attach to Form
Internal Revenue Service (99)	

201 8 Attachment Sequence No. 13

Name(s)	shown on return							Your s	ocial secur	ity num	ber
PRIY	ATHAM REDDY KOM	MAREDDY						831	-33-155	56	
Part		From Rental Real Estate and Rog EZ (see instructions). If you are an individ	-		-			-	• •		
		nts in 2018 that would require you to									
		bu file required Forms 1099?		. ,			,				
1a	Physical address of e	each property (street, city, state, ZIP	· ·					• •	· · 🗆	103	
A		ERABAD TELANGANA IN 5000)							
B	IIIDERINAGAR IIID	ERADAD TELANGANA IN 5000									
<u> </u>											
1b	Type of Property (from list below)	above, report the number of fair rental and Davs							Personal Use Days		
Α	1	personal use days. Check the only if you meet the requirement	QJV be	ox file as [Α		365		0		
В		a qualified joint venture. See in	structi	ons.	в						$\overline{\square}$
С				F	С						$\overline{\square}$
	of Property:				-						
	le Family Residence	3 Vacation/Short-Term Rental	5 Lar	nd		7 Self-	Rental				
-	i-Family Residence			valties			r (describe)			
Incom		Properties:			Α	0 0 110		, 3		С	
3	Rents received		3			500.				-	
		<u></u>	4								
Expen											
-			5								
	•	nstructions)	6								
		ance	7								
	•		8								
			9								
		ssional fees	10								
			11								
	•	d to banks, etc. (see instructions)	12								
			13		3,	000.					
			14		-						
15	Supplies		15								
			16								
			17								
18	Depreciation expense	or depletion	18		2,	410.					
19	Other (list)		19		-						
20	Total expenses. Add I	ines 5 through 19	20		5,	410.					
		line 3 (rents) and/or 4 (royalties). If nstructions to find out if you must									
	file Form 6198		21		-4,	910.					
	on Form 8582 (see in	estate loss after limitation, if any, structions)	22	(-4,	910.)	()()
		eported on line 3 for all rental prope				23a		500	· _		
		eported on line 4 for all royalty prope				23b					
		eported on line 12 for all properties				23c		_			
		eported on line 18 for all properties		• •		23d		2,410			
		eported on line 20 for all properties				23e		5,410			
		e amounts shown on line 21. Do no t						. 2			
25	Losses. Add royalty los	sses from line 21 and rental real estate	losses	s from lii	ne 22. E	Enter tota	I losses he	re. 2	5 (4,	910.)
	here. If Parts II, III,	ate and royalty income or (loss). (IV, and line 40 on page 2 do not	apply	to you	, also	enter th	iis amount	on			
		40), line 17, or Form 1040NR, line ⁻ ge 2...............					amount in	the 2	6	-4	,910.

Depreciation and Amortization OMB No. 1545-0172 4562 (Including Information on Listed Property) 2018Attach to your tax return. Department of the Treasury Attachment Sequence No. 179 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number PRIYATHAM REDDY KOMMAREDDY Sch E HYDERNAGAR 831-33-1556 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 1,000,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 2,500,000 4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 . . **10** Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 **12** Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 2,410. 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only-see instructions) (e) Convention (f) Method (g) Depreciation deduction placed in period service **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental S/L 27.5 yrs. MM property S/L 39 yrs. MM i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. MM S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. Part IV Summary (See instructions.) **21** Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instructions 2,410. 22



DR 8453 (09/17/18) COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005 *Colorado.gov/Tax*

State of Colorado Individual Income Tax Declaration for Electronic Filing Do not mail this form to the IRS or the Colorado Department of Revenue Retain with your records

	not man and form to the										
Тахрау	ver SSN	Spouse SSN (If J	oint Return)		Submission I	D					
831-3	33-1556										
Тахрау	xpayer Last Name Taxpayer First Name							Mid	dle Initial		
KOMM	IAREDDY		I	PRIYATHA	M REDDY						
Spouse	e Last Name (If Joint Return)			Spouse First	Name (If Joint	t Return)					
Street /	Address						Phone	Number			
275	OAK CREEK DIVE APT 10	02					(786)309-	-0222		
City							State	Zip			
WHE	ELING						IL	60090			
		Part I —	Tax Retu	rn Inforn	nation						
1. Tota	al Income, line 6 from your fe	deral form 1040				1	\$		82112		
2 . Taxa	able Income, line 10 on feder	ral form 1040				2	\$		70112		
3. Cold	orado Tax, Line 15 on Colora	do form 104				3	\$		3246		
					\$	3547					
5. Refund, Line 30 Colorado form 104 5					\$	301					
6. Amount You Owe, Line 35 on Colorado form 104 6					\$						
		Part II —		on of Tax	k Payer	-	Ŧ				
with the are true applica	penalties of perjury, I declare tha e amounts shown on my 2018 Fec e, correct, and complete to the b ble) may be required to provide equest by the Colorado Departme	deral/Colorado inco best of my knowled paper copies of th	ome tax return dge and belie his declaration	s, and that s f. I understa , my returns	aid tax returns and that I (or a, withholding	s, stat my E state	ements lectroni ments,	s, schedules c Return Or schedules,	and attac riginator and attac	chments (ERO) if chments	
Signatu	re	D	ate	Spouse's S	ignature (If Joi	nt Ref	urn, Bot	h Must Sign)	Date		
	Part I	II — Declarat	tion of ER	O/Prepa	arer/Trans	smit	ter				
If the ti	ransmitter did not prepare the	e tax return, che	ck here]							
Colorad Colorad amount best of have pr covered and atta	not the preparer, I declare only that do income tax returns. If I am the p do income tax returns and that the ts shown on said tax returns, and my knowledge and belief. As prep rovided the taxpayer with copies of d by the Colorado statute of limital achments upon request by the Co Signature	preparer, under per e information provio that said tax return arer, I further decla of all forms and infi tions, and to provid	nalties of perju ded to me by t ns, statements are that I have t ormation filed. le paper copies	ry I declare t the taxpayer , schedules, obtained the I also agree s of this decl	that I have rev and the amo and attachm taxpayer's sig to maintain aration, said i	viewed ounts s ents a gnatur this si return od.	d the ab shown i are true re on thi igned F s, withh	ove taxpaye n Part I abo , correct, and s form at the orm (DR 84	er's 2018 ve agree d comple e time of f 53) for th ments, sc	Federal/ with the te to the iling and e period chedules	
							P02090332				
	Check if also Preparer $\[x \]$]			-	Date	(MM/DD/	(Y)			





DR 0104 (09/17/18) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax (0013)

2018 Colorado Individual Income Tax Return

x Full-Year

Part-Year or Nonresident (or resident, part-year, non-resident combination) *Must attach DR 0104PN Mark if Abroad on due date – see instructions

Your Last Name Y			rst Nam	e						Middle	Initial
KOMMAREDDY			PRIYATHAM REDDY								
Date of Birth (MM/DD/YYYY)	SSN	Deceas	sed							1	
08/04/1993	831-33-1556					cked and cla it the DR 01				must	
Enter the following information	n from your current	State of Issue Last 4 chara				characters of I	aracters of ID number Date of Issuan				
driver license or state identific	-	CO			2863				08/14/18		
If Joint, Spouse's Last Name		Spouse	's First I	Nam	e					Middle	Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	Deceas	sed								
							aiming a refund, you m 02 with your return.			must	
Entor the following information	n from vour opouso's	State	e of Issue	e	Last 4 of	characters of I	D num	ber Date	of Issuand	ce	
Enter the following information from your spouse's current driver license or state identification card.											
Mailing Address							F	Phone Nu	nber		
275 OAK CREEK DIVE APT 102						(786)309-0222					
City			State	Zip	o Code		Forei	ign Countr	y (if applic	cable)	
WHEELING			IL	60	090						
							I	Rou	nd To Th	e Next I	Dollar
1. Enter Federal Taxable Inco	ome from your federal in	come ta	ax forn	n: 1	040 lin	ne 10 • 1				7011	2 0 0
Attach W-2s and 1099s with C	O withholding here.										
Additions to Federal Taxable	e Income										
2. State Addback, enter the s		on from	i your f	ede	eral for						
1040 schedule A, line 5a (see instructions)					• 2					00
3. Other Additions, explain (s	ee instructions)					• 3					0 0
Explain:											



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Name		SSN
PRIYATHAM REDDY KOMMAREDDY		831-33-1556
4. Subtotal, sum of lines 1 through 3	4	70112 00
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the	_	
DR 0104AD schedule with your return.	• 5	0 0
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	70112 00
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and n	onresidents	use DR 0104PN
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit		
the DR 0104PN with your return if applicable.	• 7	3246 00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the		
DR 0104AMT with your return.	• 8	0 0
Pagantura of prior year gradita	• 9	0 0
9. Recapture of prior year credits	• 5	00
10. Subtotal, sum of lines 7 through 9	10	3246 00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12		5210 00
cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	0 0
12. Total Nonrefundable Enterprise Zone credits used – as calculated,		
or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10,		
you must submit the DR 1366 with your return.	• 12	0 0
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	13	3246 00
14. Use Tax reported on the DR 0104US schedule line 7, you must submit		
the DR 0104US with your return.	• 14	0 0
15. Net Colorado Tax, sum of lines 13 and 14	15	3246 00
16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s		
and/or 1099s claiming Colorado withholding with your return.	• 16	3547 00
17. Prior-year Estimated Tax Carryforward	• 17	0 0
18. Estimated Tax Payments, enter the sum of the quarterly payments		
remitted for this tax year	• 18	0 0
10 Extension Development remitted with the DD 0150 L	10	0.0
19. Extension Payment remitted with the DR 0158-I	• 19	0 0
20. Other Prepayments: O • DR 0104BEP O • DR 0108 • DR 1079	20	
	• 20	0 0
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must		
submit the DR 1305G with your return.	• 21	0 0
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each		
DR 0617 with your return.	• 22	0 0 0
23. Refundable Credits from the DR 0104CR line 8, you must submit the		
DR 0104CR with your return.	• 23	0 0
24. Subtotal, sum of lines 16 through 23	24	3547 00
25. Federal Adjusted Gross Income from your federal income tax form: 1040 line 7	• 25	82112 00
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	26	301 00
27. Estimated Tax Credit Carryforward to 2019 first quarter if any	• 27	0 0
 26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24 27. Estimated Tax Credit Carryforward to 2019 first quarter, if any 	• 26	

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180104 31555						
Name				SSN		
PRIYATHAM REDDY KOMMAREDDY				831-33-155	5	
28. Voluntary Contributions elected on the DR 010	ACH schodulo lino 21 you must			031-33-133	00	Т
submit the DR 0104CH with your return.	J4CIT Schedule line 21, you must	• 28				00
29. Subtotal, add lines 27 and 28		29				00
30. Refund, subtract line 29 from line 26 (see instr	ructions)	• 30			301	00
DirectRouting Number2670841DepositAccount Number </td <td>3 1 Type: X Checking 7 9 2 1 9 3 8 0 2</td> <td></td> <td>Savings</td> <td>College</td> <td>elnvest 52</td> <td>29</td>	3 1 Type: X Checking 7 9 2 1 9 3 8 0 2		Savings	College	elnvest 52	29
For questions regarding CollegeInvest direct dep	posit or to open an account, visit Colle	egelnve	st.org or	call 800-448-24	424.	
31. Net Tax Due, subtract line 24 from line 15, the	n add line 28	31				00
32. Delinquent Payment Penalty (see instructions)		• 32				00
33 Delinguent Payment Interest (see instructions)		- 22				00
 33. Delinquent Payment Interest (see instructions) 34. Estimated Tax Penalty, you must submit the D 		• 33				
(see instructions)		• 34				00
35. Amount You Owe, sum of lines 31 through 34		• 35				
The State may convert your check to a one-time electronic banking transaction. not be returned. If your check is rejected due to insufficient or uncollected funds,						ill
Third Party Designee					,	
Do you want to allow another person to discuss this						
return and any other information related to this return	• X No • Yes. C	omplet	e the fo	llowing:		
with the Colorado Department of Revenue?		ompiot		lietting.		
Designee's Name	Phone Number					
Sign Below Under penalties of perjury, I declare that to the	best of my knowledge and belief, this retu	rn is true	e, correct	and complete.		
Your Signature				Date (MM/DD/YY)		
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)		
				Bato (mm/BB/11)		
Paid Preparer's Name			Paid Prep	arer's Phone		
CLODAL TAVES ILC						
GLOBAL TAXES LLC Paid Preparer's Address	City		State	Zip		
				-F		
2530 PEBBLE CREEK LN	CUMMING		GA	30041		

REV 11/30/18 PRO

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.