Department of the Treasury-Internal Revenue Service

Income	Тах	Return	for	Single and	d
		A/241 BI			

Form

2017

1040EZ	-	Joii	nt Filers With I	No Depen	dents	(99) 2	2017			ОМ	IB No. 1545-0074
Your first name a	nd initia	ıl		Last name						Your soc	ial security number
Swathi				Devara	akonda					160	71 0938
If a joint return, s	pouse's	first	name and initial Last name						Spouse's	social security number	
			treet). If you have a P.O.						Apt. no.		ake sure the SSN(s)
			lows dr,little				- i		322		above are correct.
				oreign address, a	also complete	spaces below (se	e instructions).				al Election Campaign
denver CO		124			Eoreign n	rovince/state/co	untv	Foreir	n postal co	jointly, want \$	\$3 to go to this fund. Checking
r oroigir obunity r	amo				l		unty	10101	jii pootai oo	refund.	will not change your tax or
Income		1	Wages, salaries, and	l tips. This sh	ould be sh	own in box 1 o	of vour Form	n(s) W-2.			
			Attach your Form(s	-			2	()		1	58,309.
Attach Form(s) W-2	-										
here.		2	Taxable interest. If	the total is ov	er \$1,500,	you cannot us	e Form 1040)EZ.		2	
Enclose, but do	_										
not attach, any	_	3	Unemployment con	pensation and	d Alaska F	Permanent Fun	d dividends ((see instru	ctions).	3	
payment.											F.0.005
	-	4	Add lines 1, 2, and		-	-		1 1 ·		4	58,309.
		5	If someone can claim the applicable box(e						ζ.		
			You	Spouse	chief the a	amount nom u		t on back.			
					spouse if a	ioint return)	enter \$10.40	0 if single	•		
			If no one can claim you (or your spouse if a joint return), enter \$10,400 if single; \$20,800 if married filing jointly. See back for explanation.								10,400.
	-	6	Subtract line 5 from	5	10,100.						
			This is your taxable		U				►	6	47,909.
Dovmonto		7	Federal income tax withheld from Form(s) W-2 and 1099.							7	8,860.
Payments, Credits,		8a								8a	
and Tax	_	b	17								
	_	9	Add lines 7 and 8a. These are your total payments and credits. Tax. Use the amount on line 6 above to find your tax in the tax table in the							9	8,860.
	1	.0						in the		10	
	-		instructions. Then, e							10 11	7,720.
	-	.1	Health care: individ	<u> </u>			Full-year	coverage	X	11 12	0. 7,720.
D o ferra d		.2 .3a	Add lines 10 and 11 If line 9 is larger that				This is your	r refund		14	1,120.
Refund	1	Ja	If Form 8888 is atta				. 1 ms 13 you	i i ci unu.		1 3 a	1,140.
Have it directly deposited! See	-	_									
instructions and	►	b	Routing number	102	001	017	► c Type:	× Checki	ng 🔄 Sa	avings	
fill in 13b, 13c, and 13d, or		А	Account number	1 F F	2 1 0	0 1 0			1		
Form 8888.		u			3 1 8						
Amount You Owe	1	4	If line 12 is larger th								
Tou Owe			the amount you ow			1.0				14	
Third Party	Do	ο γοι	want to allow anothe	er person to d	iscuss this		e IRS (see ins	structions)	? 🗆 ¥	es. Complet	e below. 🛛 No
Designee	De: nar	signe ne	e's ▶			Phone no.			Personal ide number (PII		
Sign	Un	der p	penalties of perjury, I de			this return and,		f my knowle	edge and b	pelief, it is true	
Here			ely lists all amounts and formation of which the p				x year. Declara	ation of prep	arer (other	than the taxp	ayer) is based
Joint return? See	Yo	ur sig	gnature		-	Date	Your occupa	ation		Daytime pho	one number
instructions.							Softwar	re Eng	ineer	(620)4	46-4902
Keep a copy for	Sp	ouse	's signature. If a joint ret	urn, both must :	sign.	Date	Spouse's oc	cupation			you an Identity Protection
your records.	/									PIN, enter it here (see inst.)	
Paid	Print/T	ype	preparer's name	Preparer's sig	gnature			Date		Check	
Preparer								<u> </u>		self-employe	ed
Use Only	Firm's			repared				Firm's E			
-	Firm's		ess ► and Panerwork Redu					Phone n	0.	-	orm 1040F7 (2017)

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA



DR 8453 (10/12/17) 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

Тахрау	yer SSN	Spouse SSN (If Joint	Return)	•	Submission II					
160-7	71-0938					·				
	ver Last Name			Taxpayer Firs	st Name				Mide	dle Initial
DEVA	RAKONDA		S	SWATHI						
Spouse	e Last Name (If Joint Return)		:	Spouse First	Name (If Joint	Returi	n)			
Street	Address						Phone	Number		
1018	81 PARK MEADOWS DR,LI	TTLETON, LONETR	REE, AP	T 4 APT	322		(6	520)446-	4902	
City							State	Zip		
DEN	VER						co	80124		
		Part I — Ta					I			
	al Income, line 22 from your t ne 4 on form 1040EZ	ederal form 1040, li	ne 15 on	1040 form	DA,	1 5	6	5	8309	
	able Income, line 43 on fede	ral form 1040, line 2	27 on form	m 1040A,						
line	6 on form 1040EZ					2 3	Þ	4	7909	
3. Col	orado Tax, Line 15 on Colora	ado form 104				3 3	\$ 2220			
4. Col	orado Tax Withheld, Line 16	on Colorado form 10	04			4 3	\$ 2298			
5. Refund, Line 30 Colorado form 104 5					5 3	\$ 78				
									-	
6. Am	ount You Owe, Line 35 on Co	Part II — De	claratio	on of Tay	Paver	6	•			
with the are true applica	penalties of perjury, I declare that e amounts shown on my 2017 Fe e, correct, and complete to the able) may be required to provide equest by the Colorado Departm	deral/Colorado income best of my knowledge paper copies of this de	tax return and belie eclaration	s, and that s f. I understa , my returns	aid tax returns and that I (or r a, withholding	, state ny Ele staten	ements, ectronic nents, s	, schedules a c Return Ori schedules, a	and attac ginator (Ind attac	hments ERO) if
Signatu	ıre	Date		Spouse's S	ignature (If Joir	nt Retu	ırn, Botł	n Must Sign)	Date	
	Part	III — Declaratio	n of ER	RO/Prepa	arer/Trans	mitt	er			
lf the t	ransmitter did not prepare th			-						
Colorad Colorad amoun best of have p covered and att	not the preparer, I declare only th do income tax returns. If I am the do income tax returns and that th ts shown on said tax returns, and my knowledge and belief. As prep rovided the taxpayer with copies d by the Colorado statute of limita achments upon request by the Co Signature	preparer, under penaltie e information provided I that said tax returns, s parer, I further declare th of all forms and informations, and to provide pa	es of perju to me by f statements nat I have ation filed. aper copies	the taxpayer s, schedules obtained the . I also agree s of this decl	that I have revi and the amou and attachme taxpayer's sig to maintain t aration, said re uring this perior	iewed unts si ents ai nature his sig eturns od.	the abo hown ir re true, e on this gned Fo , withho	ove taxpayer Part I abov correct, and form at the form (DR 845	's 2017 F e agree v complet time of fil 3) for the nents, sch	ederal/ with the e to the ing and period nedules
LINUS	orginaturo					тера				
SELF	-PREPARED					D .				لــــــ
	Check if also Preparer]			_	Date	(MM/DD/Y	Y)		





DR 0104 (06/30/17) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax (0013)

2017 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		Your Fi	rst Nar	ne							Middle	e Initial
DEVARAKONDA		SWAT	ΉI									
Deceased				Date of Birth (MM/DD/YYYY)				SSN				
If checked and claiming a refund, submit the DR 0102 with your retu		ust		08/19/1988				160-71-09			38	
Enter the following information from your current	driver	State	e of Iss	ue Last 4 characters of ID			f ID nu	mber	Date of I	ssuanc	е	
license or state identification card.				2062			03/07		8/07/	17		
If Joint, Spouse's Last Name	S	Spouse	's Firs	t Nam	е						Middle	e Initial
Deceased				Spou	se's Dat	e of Birth (MM	//DD/YY	(YY)	Spouse'	s SSN		
If checked and claiming a refund, submit the DR 0102 with your returns		ust										
Enter the following information from your spouse?	c.	State	e of Issi	ue	Last 4	characters of	f ID nu	mber	Date of I	ssuanc	e	
Enter the following information from your spouse's current driver license or state identification card.												
Mailing Address								Pho	ne Numbe	er		
10181 PARK MEADOWS DR,LITTLETON, LON	ETREE	I, AF	РТ 4	API	322			(62	20)446	-490	2	
City			State	Zip	o Code		Fo	reign (Country (i	f applica	able)	
DENVER			CO	80	124							
									Round	To The	Next	Dollar
 Enter Federal Taxable Income from your feder line 6, 1040A line 27, 1040 line 43 	ral inco	ome ta	ax for	m: 1	040EZ	<u>′</u> ● 1					4790	00 00
Staple W-2s and 1099s with CO withholding here.												
Additions to Federal Taxable Income												
2. State Addback, enter the state income tax dec	duction	from	ı your	fede	eral for							
1040 schedule A, line 5 (see instructions)						• 2						00
3. Other Additions, explain (see instructions)						• 3						0 0
Explain:												



DR 0104 (06/30/17) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax

Name			SSN
SWATHI DEVARAKONDA			160-71-0938
4. Subtotal, sum of lines 1 through 3		4	479090(
5. Subtractions from the DR 0104AD Schedule	line 18, you must submit the		
DR 0104AD schedule with your return.	•	5	00
6. Colorado Taxable Income, subtract line 5 fro	-	6	479090(
Tax, Prepayments and Credits: full-year residents		nresidents (use DR 0104PN
7. Colorado Tax from tax table or the DR 0104		-	22200
the DR 0104PN with your return if applicable		• 7	2220 0 (
8. Alternative Minimum Tax from the DR 0104A	•	. 0	0 0
DR 0104AMT with your return.	•	8	
9. Recapture of prior year credits		9	0.0
	•	9	
10. Subtotal, sum of lines 7 through 9		10	2220 00
11. Nonrefundable Credits from the DR 0104CR	line 39 the sum of lines 11 and 12	10	2220 0 0
cannot exceed line 10, you must submit the I		• 11	00
12. Total Nonrefundable Enterprise Zone credits			
or from the DR 1366 line 87, the sum of lines			
you must submit the DR 1366 with your retur		12	00
13. Net Income Tax, sum of lines 11 and 12. Sub	tract that sum from line 10.	13	2220 00
14. Use Tax reported on the DR 0104US schedu			
the DR 0104US with your return.	•	14	0.0
15. Net Colorado Tax, sum of lines 13 and 14		15	2220 0 (
16. CO Income Tax Withheld from W-2s and 109	9s, you must submit the W-2s		
and/or 1099s claiming Colorado withholding	with your return.	• 16	2298 0 0
17. Prior-year Estimated Tax Carryforward		• 17	00
18. Estimated Tax Payments, enter the sum of the			
remitted for this tax year		• 18	0 (
19. Extension Payment remitted with the DR 015	8-1	• 19	0 0
20. Other Prepayments: DR 0104BEP	■ DR 0108 ■ DR 1079 ■	20	0 0
21. Gross Conservation Easement Credit from the	DR 1205C line 22 you must		00
submit the DR 1305G with your return.		21	00
22. Innovative Motor Vehicle Credit from the DR		21	
DR 0617 with your return.		22	000
23. Refundable Credits from the DR 0104CR line			
DR 0104CR with your return.	•	23	00
24. Subtotal, sum of lines 16 through 23		24	229800
25. Federal Adjusted Gross Income from your fe	deral income tax form:		
1040EZ line 4; 1040A line 21; 1040 line 37		25	5830900
26. Overpayment, if line 24 is greater than line 1	5 then subtract line 15 from line 24	26	7800
27. Estimated Tax Credit Carryforward to 2018 f	rst quarter, if any	27	0.0

DR 0104 (06/30/17) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax

Name			SSN	
			160 71 0020	
SWATHI DEVARAKONDA	D 0404CH ashedula line 04		160-71-0938	
28. Voluntary Contributions elected on the DI	R 0104CH schedule line 21,			0.0
submit the DR 0104CH with your return.		• 28		0 0
20 Subtotal add lines 27 and 29		20		00
29. Subtotal, add lines 27 and 28		29		00
30. Refund, subtract line 29 from line 26 (see	instructions)	• 30		7800
Direct Routing Number 1 0 2 0 0	1 0 1 7 Type: X	Checking Savir	ngs CollegeInv	est 529
Deposit Account Number	1 5 5 3 1 8	2 1 2		
For questions regarding CollegeInvest dire	ct deposit or to open an account	t, visit CollegeInvest.org	or call 800-448-2424	۰.
31. Net Tax Due, subtract line 24 from line 15	i, then add line 28	31		0 0
32. Delinquent Payment Penalty (see instruct	tions)	• 32		0 0
33. Delinquent Payment Interest (see instruct		• 33		0 0
34. Estimated Tax Penalty, you must submit t	he DR 0204 with your return			
(see instructions)		• 34		0 0
35. Amount You Owe, sum of lines 31 throug The State may convert your check to a one-time electronic banking trans		35 early as the same day received by	the State of converted your ch	
not be returned. If your check is rejected due to insufficient or uncollected				
Third Party Designee				
Do you want to allow another person to discuss th return and any other information related to this ret with the Colorado Department of Revenue?		Yes. Complete the	following:	
Designee's Name	Phone Number			
•	•			
Sign Below Under penalties of perjury, I declare that	to the best of my knowledge and be	lief, this return is true, corr	ect and complete.	
Your Signature			Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)	
Paid Preparer's Name		Paid P	reparer's Phone	
SELF PREPARED				
Paid Preparer's Address	City	State	Zip	

If you are filing this return **with** a check or payment, please mail the return to:

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**6** COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**5**

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.

REV 12/15/17 INTUIT.CG.CFP.SP