Form	8879	
Form	00/J	

Department of the Treasury Internal Revenue Service

IRS *e-file* Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)	587278201906501w2wgy
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Taxpayer's name	Social security number					
RAM KUMAR KOPPARAPU	634-97-1418					
Spouse's name Spouse's social securi			er			
SHILPA KOPPARAPU						
Part I Tax Return Information – Tax Year Ending December 31, 2018 (Nhole dollars only)					
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)		1	117,777.			
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	12,510.				
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form	3	13,415.				
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 7	'3a)	4	905.			
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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 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 lauthorize GLOBAL TAXES LLC	to enter or generate my PIN	7 1 4 1 8						
ERO firm name		Enter five digits, but						
as my signature on my tax year 2018 electronically filed in	don't enter all zeros							
I will enter my PIN as my signature on my tax year 2018 entering your own PIN and your return is filed using the Pr								
Your signature ►	Date							
Spouse's PIN: check one box only								
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN	6 5 8 6 7						
ERO firm name		Enter five digits, but						
as my signature on my tax year 2018 electronically filed in	come tax return.	don't enter all zeros						
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 Re	eturns Only—continue below							
Part III Certification and Authentication – Practitione	-							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-di	ait self-selected PIN 5 8 7 2	7 8 1 2 3 4 5						
ERO'S EFIN/FIN. Enter your six-digit EFIN followed by your live-di								
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 taxpayer(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 <i>e-file</i> Providers of Individual Income Tax Returns.								
ERO's signature ►	Date ►							
	Form — See Instructions IRS Unless Requested To Do So							

Form **9325**

(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank y	ou for participating in IRS <i>e-file</i> . 634-97-1418								
Taxpaye	r name RAM KUMAR & SHILPA KOPPARAPU								
Тахрауе	r address (optional)								
6565 S	SYRACUSE WAY APT 1009								
CENTEN	NIAL CO 80111								
1. 🗙		was filed electronically w							
	Submission Processing Center. The electronic filing	services were provided by _	GLOBAL TAXES LLC						
2. 🗙	X Your return was accepted on <u>03/06/2019</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>587278201906501w2wgy</u> .								
3.	Your return was accepted on	Allow 4 to 6 weeks for t	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. 🗌	Your electronic funds withdrawal payment request v	vas accepted for processing.							
5. 🗌	Your electronic funds withdrawal payment request v Tax" section.	vas not accepted for processi	ng. Refer to the "If You Owe						
6. 🗌	Your Form 4868, Application for Automatic Extension accepted on The Suria 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.**

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er) Your first name and initial Last name KOPPARAPU 634-97-1418 Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind If joint return, spouse's first name and initial Last name Spouse standard deduction: Someone can claim you as a dependent Spouse standard deduction: Spouse standard deduction: Someone can claim you as a dependent Spouse standard deduction: Spouse stan	E 1040	Depa	artment of the Treasury—Internal Revenue S. Individual Income			99) ' n	20	18	OMB No.	1545-0074	IRS Use C)nly—D	o not writ	e or staple i	n this s	space.
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Preparer Use Only Firm's name ► GLOBAL TAXES LLC Phone no. Sett-employed Firm's address ► 2530 Pebble Creek In Cumming GA 30041 Form 1040 (2018 Form 1040 (2018 Form 1040 (2018) Page 2 Page 2 Attach Form(s) 3a b Taxable interest 2b Tax exempt interest 2a b Taxable interest 2b Tax exempt interest 5a 5a b Taxable amount 4b Bost and times it mough 5. Add any amount from Schedule 1, line 2 -4, 500. 6 117, 777. Adjusted gross income adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 9 -112, 510. Standard deduction or femixed deductions from Schedule A) 9 -112, 510. 12, 510. Very or classifyer 14 0. 93, 777. 10 93, 777. Very or classifyer 14 0. 12, 510. 112, 510. 12, 510. 112, 510. Very									1 1111 3				locianoo			
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Page 2 Form 1040 (2018) Page 2 Attach Form(s) V-2 1 122, 200. 2 1 122, 200. 2 1 122, 200. 2 1 122, 200. 2 2 Attach Form(s) V-2 2 2 1 122, 200. 2 2 3 0 2 3 0 2 3 Condition of the origin status of th	Use Only					<u> </u>		~ ~ ~ ~	20041	Phone no	•				empio	iyeu
Form 1040 (2018) Proge2 Attach Form(b) Wages, salaries, tips, etc. Attach Form(s) W-2. 1 1.22, 200. Attach Form(b) 2a Tax-exempt interest. 2a b Greenbly W-2 alls attach Greenbly W-2 alls b Ordinary dividends 3b 77. Form(b) W-2 alls attach Form(b) W-2 alls Attach Form(s) Ba Dordinary dividends 3b 77. Greenbly W-2 alls attach 5a b Taxable amount 5b 5b Greenbly W-2 alls accurity benefits 5a b Taxable amount 5b 5b Standard Gelocition for- Standard deduction or itemized deductions (from Schedule 1, line 22 -4, 500. 6 117, 777. Adjusted gross income deduction (see instructions) Standard deduction or itemized deductions (see instructions) 8 24, 000. 8 24, 000. Standard deduction for- Standard deduction or temized deductions (see instructions) 10 9 117, 777. Ba child at credit/credit for dem dependents b Add any amount from Schedule 2 and check here 11 12, 510. Standard deduction or itemized adductione forme see, enter -0. 13 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>30041</td> <td></td> <td></td> <td></td> <td></td> <td>Form</td> <td>104</td> <td>0 (2010)</td>									30041					Form	104	0 (2010)
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Head of household, \$18,000 12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ 12 13 Subtract line 12 from line 11. If zero or less, enter -0- 13 12,510. 14 Other taxes. Attach Schedule 4. 14 0. 15 Total tax. Add lines 13 and 14 15 12,510. 16 Federal income tax withheld from Forms W-2 and 1099 16 16 17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5 17 18 13,415. 19 Add lines 16 and 17. These are your total payments 18 13,415. 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid 19 905. 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶	widow(er),	''				_	. ,				<u> </u>	11		1	ງ⊏	:10
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	Amount You Owe									tions	. ►	22				
			-						1							

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

SCHEDULE 1		OMB No. 1545-0074					
(Form 1040)		2018					
Department of the Tre	easury	Attach to Form 1040. Go to www.irs.gov/Form1040 for instructions and				Attachment	
Internal Revenue Serv		Sequence No. 01					
Name(s) shown on I						social security number	
		HILPA KOPPARAPU			634-97-1418		
Additional		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			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, trus	17	-4,500.			
	18	Farm income or (loss). Attach Schedule F			18		
	19	Unemployment compensation			19		
	20a	Reserved	20b				
	21	Other income. List type and amount	21				
	22	Combine the amounts in the far right column. If you don't					
		income, enter here and include on Form 1040, line 6. Oth	1	e, go to line 23	22	-4,500.	
Adjustments		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.	00				
	07	Attach Form 3903	26 27		-		
	27 28	Deductible part of self-employment tax. Attach Schedule SE	27		-		
	20 29	Self-employed SEP, SIMPLE, and qualified plans	20 29		-		
	29 30	Self-employed health insurance deduction	29 30		-		
	зо 31а	Penalty on early withdrawal of savings	30 31a		-		
	31a 32	Alimony paid b Recipient's SSN ► IRA deduction .	31a 32				
	32 33	Student loan interest deduction	32		-		
	33 34		33				
	34 35		34		-		
					26		
	36	Add lines 23 through 35			36		

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

SCHEDULE 1

Schedule 1 (Form 1040) 2018

OMB No. 1545-0074

REV 12/21/18 PRO

SCHEDULE	ΞE
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074 201

8

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

	ent of the Treasury evenue Service (99)	·		Attach to Form 10 s.gov/ScheduleE fo				on.	Attac	chment uence No. 13
Name(s)	shown on return							Your soc	ial secur	ity number
RAM I	KUMAR & SHI	LPA KO	OPPARAPU					634-9	7-141	18
Part	Income or	r Loss F	rom Rental Rea	al Estate and Roy	yalties	Note: If you	are in the busines	s of renting pe	ersonal p	property, use
	Schedule C	or C-EZ	(see instructions)). If you are an indivi	idual, repo	ort farm renta	l income or loss fro	om Form 483	5 on pag	je 2, line 40.
A Did	l you make any p	ayments	s in 2018 that wo	ould require you to	o file Forr	n(s) 1099? (s	see instructions)		. 🗆	Yes 🛛 No
B If "`	Yes," did you or	will you	file required For	rms 1099?						Yes 🗌 No
1a	Physical addres	ss of ead	ch property (stre	eet, city, state, ZIF	^o code)					
Α	Sarjapur Ma	lain Ro	oad BENGALU	IRU KARNATAKA	A IN 5	60099				
В										
С										
1b	Type of Prope	-	2 For each ren	ital real estate prop	perty liste	ed	Fair Rental	Persona		QJV

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box		Fair Rental Days	Personal Use Days	QJV			
Α	3	only if you meet the requirements to file as	Α	365	0				
В		a qualified joint venture. See instructions.	В						
С			С						
Туре о	Type of Property:								
4 01									

	gle Family Residence 3 Vacation/Short-Term Rental	5 La	nd / S	Self-Rental		
	ti-Family Residence 4 Commercial	6 Rc	yalties 8 (
Incom			Α	В		С
3	Rents received	3	50	0.		
4	Royalties received	4				
Exper	ses:					
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13	5,00	0.		
14	Repairs	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities	17				
18	Depreciation expense or depletion	18				
19	Other (list)	19				
20	Total expenses. Add lines 5 through 19	20	5,00	0.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If					
	result is a (loss), see instructions to find out if you must					
	file Form 6198	21	-4,50	0.		
22	Deductible rental real estate loss after limitation, if any,					
	on Form 8582 (see instructions)	22	(-4,500)	()
23a	Total of all amounts reported on line 3 for all rental prope				500.	
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		
е	Total of all amounts reported on line 20 for all properties			23e 5,	000.	
24	Income. Add positive amounts shown on line 21. Do no				24	
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from line 22. Ente	r total losses here .	25	(4,500.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines 24 and 2	25. Enter the result		
	here. If Parts II, III, IV, and line 40 on page 2 do not					
	Schedule 1 (Form 1040), line 17, or Form 1040NR, line					
	total on line 41 on page 2				26	-4,500.

	Form	8582	
--	------	------	--

Department of the Treasury

Name(s) shown on return

RAM KUMAR & SHILPA KOPPARAPU

Internal Revenue Service (99)

Passive Activity Loss Limitations ► See separate instructions.

► Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 201 8 Attachment Sequence No. 88

Identifying number 634-97-1418

Par	2018 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing P			
Dente				
	I Real Estate Activities With Active Participation (For the definition al Allowance for Rental Real Estate Activities in the instructions.)	of active participation, see		
-	Activities with net income (enter the amount from Worksheet 1,			
Id		1a 0.		
h	Activities with net loss (enter the amount from Worksheet 1, column		-	
	(b))	1b (4,500.)		
с	Prior years' unallowed losses (enter the amount from Worksheet 1,			
	column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c		1d	-4,500.
Com	nercial Revitalization Deductions From Rental Real Estate Activitie	S		
2a	Commercial revitalization deductions from Worksheet 2, column (a) .	2a (
b	Prior year unallowed commercial revitalization deductions from			
	Worksheet 2, column (b)	2b (
<u> </u>	Add lines 2a and 2b		2c	()
	her Passive Activities	1 1		
3a	Activities with net income (enter the amount from Worksheet 3,	3a		
h	column (a))	Sa	-	
D		3b (
c	Prior years' unallowed losses (enter the amount from Worksheet 3,		-	
Ŭ	column (c))	3c (
d	Combine lines 3a, 3b, and 3c		3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here			
	your return; all losses are allowed, including any prior year unallowed			
	2b, or 3c. Report the losses on the forms and schedules normally use	ed	4	-4,500.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.			
	 Line 2c is a loss (and line 1d is zero or more 			
.	• Line 3d is a loss (and lines 1d and 2c are z			•
	on: If your filing status is married filing separately and you lived with y or Part III. Instead, go to line 15.	our spouse at any time durir	ig the	year, do not complete
Part		th Active Participation		
T al t	Note: Enter all numbers in Part II as positive amounts. See instru	-		
5	Enter the smaller of the loss on line 1d or the loss on line 4	· · · ·	5	4,500.
6	Enter \$150,000. If married filing separately, see instructions	6 150,000.	-	175001
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7 122,277.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9,			
	enter -0- on line 10. Otherwise, go to line 8.			
8	Subtract line 7 from line 6	8 27,723.		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filin	ng separately, see instructions	9	13,862.
10	Enter the smaller of line 5 or line 9		10	4,500.
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.			
Part				
	Note: Enter all numbers in Part III as positive amounts. See the	-	1	IS.
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing		11	
12	Enter the loss from line 4		12	
13	Reduce line 12 by the amount on line 10		13	
14 Part			14	
15	Add the income, if any, on lines 1a and 3a and enter the total		15	0.
16	Total losses allowed from all passive activities for 2018. Add			
10	instructions to find out how to report the losses on your tax return		16	4,500.
For Pa	perwork Reduction Act Notice, see instructions. BAA	REV 10/04/19 PRO		Form 8582 (2018)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. **Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
Sarjapur Main Road	0.	4,500.			4,500.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	4,500.				

Worksheet 2-For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
<u>2b</u>			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
Total. Enter on Form 8582, lines 3a, 3b, and 3c						

Worksheet 4-Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Sarjapur Main Road	E Ln 22	4,500.	1.00000000	4,500.	0.
Total		4,500.	1.00	4,500.	0.

Worksheet 5-Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

REV 10/04/19 PRO



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

Taxpayer SSN	Spouse SSN (If Joint Return)		Submission II	D	,		
634-97-1418	959-96-5867						
Taxpayer Last Name		Taxpayer First	st Name			Midd	le Initial
KOPPARAPU		RAM KUMA	R				
Spouse Last Name (If Joint Return)		Spouse First	Name (If Joint	Return)			
KOPPARAPU		SHILPA					
Street Address				Pho	one Number		
6565 S SYRACUSE WAY APT 1	1009				(773)501	-5993	
City				Sta	te Zip		
CENTENNIAL				CO	80111		
	Part I — Tax Reti	urn Inforn	nation				
1. Total Income, line 6 from your fe	deral form 1040			1 \$		117777	
2. Taxable Income, line 10 on feder	al form 1040			2 \$		93777	
3. Colorado Tax, Line 15 on Colora	do form 104			3\$	\$ 4296		
4. Colorado Tax Withheld, Line 16	on Colorado form 104			4 \$	\$ 4614		
5. Refund, Line 30 Colorado form 1	04			5\$	\$ 318		
6. Amount You Owe, Line 35 on Co	olorado form 104			6 \$			
	Part II — Declarat	ion of Tax	k Payer				
Under penalties of perjury, I declare that with the amounts shown on my 2018 Feature, correct, and complete to the b applicable) may be required to provide upon request by the Colorado Department	leral/Colorado income tax retur best of my knowledge and beli paper copies of this declaratio	ns, and that s ef. I understa n, my returns	aid tax returns and that I (or i s, withholding	s, stateme my Electr statemen	nts, schedule onic Return C ts, schedules	s and attach Driginator (E , and attach	nments ERO) if
Signature	Date	Spouse's S	ignature (If Joir	nt Return,	Both Must Sigr	n) Date	
Part I	II — Declaration of E	RO/Prepa	arer/Trans	mitter			
If the transmitter did not prepare the	e tax return, check here						
If I am not the preparer, I declare only the Colorado income tax returns. If I am the p Colorado income tax returns and that the amounts shown on said tax returns, and best of my knowledge and belief. As prep have provided the taxpayer with copies of covered by the Colorado statute of limitat and attachments upon request by the Co ERO's Signature	preparer, under penalties of per e information provided to me by that said tax returns, statemen arer, I further declare that I have of all forms and information file- tions, and to provide paper copi	jury I declare to the taxpayer ts, schedules, obtained the d. I also agree es of this decl	that I have rev and the amount and attachme taxpayer's sige to maintain t laration, said r uring this period	iewed the unts show ents are tr nature on his signed eturns, wi od.	above taxpay in in Part I abo ue, correct, au this form at th d Form (DR 8	ver's 2018 F ove agree v nd complete ne time of fili 453) for the ements, sch	ederal/ vith the to the ing and period nedules
			T	P020	90332		
				Date (MM/			
Check if also Preparer 🛛			Γ				





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		Your F	irst Nam	e					Middle Initia
KOPPARAPU		RAM	KUMAF	ર					
Date of Birth (MM/DD/YYYY)	SSN	Decea	sed						
05/15/1975	634-97-1418							g a refund, you th your return.	
Enter the following informatio	on from your current	State	of Issue		Last 4 d	characters of I	D numb	per Date of Issua	nce
driver license or state identifi		IL			5139)		06/1	3/16
If Joint, Spouse's Last Name		Spouse	e's First	Nam	ne				Middle Initia
KOPPARAPU		SHI	LPA						
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	Decea	sed						
08/02/1982	959-96-5867							g a refund, you th your return.	
Entor the following informatio	n from your anouao'a	Stat	e of Issu	e	Last 4 d	characters of I	D numb	per Date of Issua	nce
Enter the following information from your spouse's current driver license or state identification card.			CO 0600				06/19/17		
Mailing Address							P	hone Number	
6565 S SYRACUSE WAY APT 1009							((773)501-59	93
City			State	Zi	p Code		Foreig	gn Country (if app	licable)
CENTENNIAL			СО	80)111				
							I	Round To 1	he Next Dolla
1. Enter Federal Taxable Inc.	ome from your federal ind	come t	tax forr	n: 1	040 lin	ne 10 • 1			93777 0
Attach W-2s and 1099s with C	CO withholding here.								
Additions to Federal Taxable	e Income								
2. State Addback, enter the s		on fron	n your t	fede	eral for	m			
1040 schedule A, line 5a (see instructions)					• 2			0
3. Other Additions, explain (s	see instructions)					• 3			0
Explain:									



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

Name		SSN	
RAM KUMAR & SHILPA KOPPARAPU		634-97-1418	
		0.0000	
4. Subtotal, sum of lines 1 through 3	4	93777	00
 Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return. 	• 5		00
	• 5		00
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	93777	00
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and r	nonresiden	ts 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	4342	00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the	•		
DR 0104AMT with your return.	• 8		00
Pacantura of prior year credite	• 9		00
9. Recapture of prior year credits	• 5		
10. Subtotal, sum of lines 7 through 9	10	4342	00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12		1512	
cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	46	00
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		00
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	13	4296	00
14. Use Tax reported on the DR 0104US schedule line 7, you must submit			
the DR 0104US with your return.	• 14		00
15. Net Colorado Tax, sum of lines 13 and 14	15	4296	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	4614	00
17. Prior-year Estimated Tax Carryforward	• 17		00
18. Estimated Tax Payments, enter the sum of the quarterly payments			
remitted for this tax year	• 18		00
40 Entersion Deursent remitted with the DD 0450 L	10		
19. Extension Payment remitted with the DR 0158-I	• 19		00
20. Other Prepayments: DR 0104BEP DR 0108 OF 075	9 • 20		00
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must			
submit the DR 1305G with your return.	• 21		00
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each			
DR 0617 with your return.	• 22	0	00
23. Refundable Credits from the DR 0104CR line 8, you must submit the			
DR 0104CR with your return.	• 23		00
	•		
24. Subtotal, sum of lines 16 through 23	24	4614	00
25. Federal Adjusted Gross Income from your federal income tax form: 1040 line 7	. 25	117777	00
$\mathbf{z}_{\mathbf{v}}$, rederar Aujusted Gross medine nom your iederar income tax ionn. 1040 line <i>r</i>	• 25		
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	4 26	318	00
		510	
27. Estimated Tax Credit Carryforward to 2019 first quarter, if any	• 27		00

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

31555

180104

Name						SSN	
RAM KUMAR & SHILPA KOPPARAPU						634-97-1	110
28. Voluntary Contributions elected on the DR 010	04CH sch	edule line 2	21, you must			034-97-1	110
submit the DR 0104CH with your return.			, ,	• 28			0 0
29. Subtotal, add lines 27 and 28				29			0.0
30. Refund, subtract line 29 from line 26 (see inst	ructions)			• 30			318 00
Direct	8 0 8	Туре:	X Checking		Savings	Colle	egelnvest 529
Deposit Account Number 2	9 1 0 1	1 6 6 5	8 1 3 2				
For questions regarding CollegeInvest direct de	posit or to o	open an acco	ount, visit Coll	egelnve	est.org or	r call 800-448	-2424.
31. Net Tax Due, subtract line 24 from line 15, the	en add line	28		31			0 0
32. Delinquent Payment Penalty (see instructions)			• 32			0 0
33. Delinquent Payment Interest (see instructions))			• 33			0 0
34. Estimated Tax Penalty, you must submit the D	0R 0204 w	vith your ret	urn.				
(see instructions)				• 34			0 0
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,							
Third Party Designee							
Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue?	• X	No •	Yes. C	omple	te the fo	ollowing:	
Designee's Name		Phone Num	ber				
•		•					
Sign Below Under penalties of perjury, I declare that to the	e best of my	knowledge and	d belief, this retu	urn is tru	le, correct		
Your Signature						Date (MM/DD/Y	Y)
Spouse's Signature. If joint return, BOTH must sign.						Date (MM/DD/Y	Y)
Paid Preparer's Name					Paid Prep	arer's Phone	
GLOBAL TAXES LLC							
Paid Preparer's Address	City				State	Zip	
2530 PEBBLE CREEK LN	CUMMII	NG			GA	30041	

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 11/30/18 PRO





DR 0104CR (06/29/18) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax

Form 104CR

Individual Credit Schedule 2018

Taxpayer's Last Name	First Name	Middle Initial	SSN
KOPPARAPU	RAM KUMAR		634-97-1418

Use this schedule to calculate your income tax credits. For best results, visit Colorado.gov/Tax to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- · Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, attach all required documents to your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, attach to your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347	
with your return. • 1	00

Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each gualifying child. Read the instructions in the 104 book and FYI Income 27 for additional guidance on completing this section. Only check the "Deceased" box for a gualifying child if the child was born and died in 2018 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

2. Enter the amount of I	Earned Income calcu	ulated for your federal returr	۱.	• 2			00
3. The federal EITC you	ı claimed.			• 3			00
Qualifying Child's Last Name		Qualifying Child's First Name	Year of Birth	• SSN		Decea	sed*
						•	
						•	
						•	
						•	
	· · · ·	*Check only if child was do	eceased before	SSN was	s assigned in 2018, see	e instruc	tions.
4. COEITC. multi	ply line 3 by 10% (0.	10)	4			00	

4. COEITC, multiply line 3 by 10% (0.10)



DR 0104CR (06/29/18) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax

Name		SSN		
R	AM KUMAR & SHILPA KOPPARAPU	63	4-97-1418	
	Part-year residents only, multiply line 4 by the percentage on line 34			
	of the DR 0104PN (If the percentage exceeds 100%, use 100%.) 5		(00
	Business Personal Property Credit: Use the worksheet in the 104 Book instructions o calculate. You must submit copy of the assessor's statement with your return.			00
	Refundable Renewable Energy Tax Credit from line 88 of the DR 1366.			50
	You must submit the DR 1366 with your return.		C	00
	Total Refundable Credits, add lines 1, 4 (or 5), 6, and 7.			
	Enter the sum on the DR 0104 line 23. 8		0	00
Part	II — Credit for Tax Paid to Another State			
•	Colorado nonresidents do not qualify for this credit.			
•	Part-year residents generally do not qualify for this credit.			
	If you have income and/or losses from two or more states, you must separately calc			
	for each state, regardless of whether any tax was paid on such income. If you do n			
	must submit the DR 0104CR for each state. Then, enter "Combined" on line 9 and co			
	16 to disclose the combined total for each line. A summary schedule is not accep strongly recommends electronic filing for taxpayers with credits for more than (
	electronically may result in delays processing your return.	She State.	railule to me	
		oturo oubmit	tod must include th	<u> </u>
	nit a copy of the tax return for each other state when claiming this credit. The portion of the re ted gross income calculation, any disallowed federal deductions by that state, and the tax ca			ie
aujus			the other state.	
9. 1	Name of other state:			
10. 1	Fotal of lines 7 and 8 Form 104 • 10		C	00
11. N	Modified Colorado adjusted gross income from sources in the other state,			
	see FYI Income 17. • 11		(00
12. 1	Fotal modified Colorado adjusted gross income • 12		C	00
13 . [Divide line 11 by line 12. Round to four significant digits, e.g. xxx.xxxx13			%
14. 1	Multiply line 10 by the percentage on line 13 14			00
15. 1	Fax liability to the other state• 15		(00
16	Allowable credit, the smaller of lines 14 or 15 • 16			00
				50
	III — Other Credits			
	it Colorado.gov/Tax for limitations that are specific to each credit. To report this properly,			
	total credit that is available (the amount generated this year plus any prior-year carryfo umn to report the amount you are using this year to offset your tax liability.	rward). The	n, use the second	נ
001	Available Credit	C	redit Used	
	Column (A) •		olumn (B) ●	
17. F	Plastic recycling investment credit, you must submit			
	equired receipts with your return. • 17 00		0	00
 Plas 	tic recycling net expenditures amount (fill below):			
18 (Colorado Minimum Tax Credit • 18			00
10. (2018 Federal Minimum Tax Credit (fill below):			



DR 0104CR (06/29/18) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax

	180104CR31555					
Name	e				SSN	
- ۳ م	M KUMAR & SHILPA KOPPARAPU	_		_	634-97-1418	_
RA	M KUMAR & SHILPA KUPPARAPU					
			Available Credit Column (A) ●		Credit Used	
10	Historic Property Preservation credit (per §39-22-5	14	Column (A) •		Column (B) •	Т
	C.R.S.), you must submit the certification with	14,				
		19		00		0
	Child Care Center Investment credit, you must subr					Ť
	a copy of your facility license and a list of depreciab					
		20		00		0
	Employer Child Care Facility Investment credit, you must	t				
	submit a copy of your facility license and a list of deprecia					
t	angible personal property with your return.	21		00		0
22. 3	School-to-Career Investment credit, you must					Τ
	submit a copy of the certification with your return.			00		0
	Colorado Works Program credit, you must submit a					
	copy of the letter from the county Department of					
	,	23		00		0
	Child Care Contribution credit, you must submit					
		24		00		0
	Long-term Care Insurance credit, you must					
	submit a year-end statement to show premiums		0			
		25	0	00		0
	Aircraft Manufacturer New Employee credit, you must	~~				
	submit the DR 0085 and DR 0086 with your return.			00		0
	Credit for Environmental Remediation of Contamina Land, you must submit a copy of the CDPHE	ated				
		27		00		0
	Colorado Job Growth Incentive credit, you must	. 21				
		28		00		0
	Certified Auction Group License Fee credit, you must					Ť
		29		00	46	0
	Advanced Industry Investment credit, you must					-
	submit a copy of the certification with your return.	30		00		0
	Affordable Housing credit, you must submit					1
	CHFA certification with your return.	31		00		0
	Credit for Food Contributed to Hunger-Relief					
(Charitable Organizations, you must submit each					
	DR 0346 and federal schedule F with your return.	32		00		0
33. I	Preservation of Historic Structures credit (per §39-					
	· · · · · · · · · · · · · · · · · · ·	33		00		0
	Preservation of Historic Structures credit (per §39-22-					
	514.5, C.R.S.), you must submit the certificate from					
	¥	34		00		0
	If you are claiming the Preservation of Historic Strue					
	certificate number issued by OEDIT or History Colo	orado). •	35		
	Rural Jump–Start Zone credit , you must submit					
	certificate from Office of Economic Development					
		36		00		0
	Rural & Frontier Health Care Preceptor credit, you	27		00		
		37		00		0
	Total of column A lines 17 through 37	38	^	00		
((exclude line 35 certificate number) 39. Nonrefundable Credits Used, total of column			100		
					46 00	
	line 16, exclude line 35 certificate number. Al the DR 0104 line 11. Credit used cannot exce	so e	nter this amount on		46 00	