

Brandon's 2020 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Audit Defense Policy

Defense code: CF4I-BW2Q-2020

Thanks for filing with Credit Karma Tax! We hope you won't need these instructions. But if you do get audited on your 2020 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
 - Make the call **within 30 days** of hearing from the IRS or the state.
 - If you'd prefer to have them call you, send an email to: cases@taxprotectionplus.com.
 - Make the subject line: Audit Defense Redemption.
 - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
 - Your Defense code: **CF4I-BW2Q-2020**
 - The tax return year: 2020
 - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2021 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Credit Karma Tax dashboard.

Your Tax Year 2019 audit defense (Code = CAMO-WS5Q-2019) has been extended until 08/10/2022

Your Tax Year 2018 audit defense (Code = CA3C-YWAQ) has been extended until 04/15/2022.

For more details about Audit Defense, visit <https://www.creditkarma.com/tax/programterms#3>.

Filing Status

☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | | | |
|---|--|-------------------------------|--------------------|---|--|
| Your first name and middle initial BRANDON G | | Last name TRIPP | | Your social security number 6 4 6 0 9 8 6 0 3 | |
| If joint return, spouse's first name and middle initial | | Last name | | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 11689 COUNTY ROAD 271 | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. DOLORES | | | State CO | ZIP code 81323 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents

(see instructions):

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------|--|--------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | |
| 2a Tax-exempt interest | 2a | 2b Taxable interest | 2b |
| 3a Qualified dividends | 3a | 3b Ordinary dividends | 3b |
| 4a IRA distributions | 4a | 4b Taxable amount | 4b |
| 5a Pensions and annuities | 5a | 5b Taxable amount | 5b |
| 6a Social security benefits | 6a | 6b Taxable amount | 6b |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | 7 | |
| 8 Other income from Schedule 1, line 9 | | 8 | 11262 |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 11262 |
| 10 Adjustments to income: | | | |
| a From Schedule 1, line 22 | 10a | 796 | |
| b Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| c Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c | 796 | |
| 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 10466 |
| 12 Standard deduction or itemized deductions (from Schedule A) | | 12 | 12400 |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | |
| 14 Add lines 12 and 13 | | 14 | 12400 |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | |

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

Cat. No. 11320B

Form 1040 (2020)

| | | | |
|-----------|--|------------|-------------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 1592 |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 1592 |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | 409 |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 600 |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1009 |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 1009 |

RefundDirect deposit?
See instructions.

| | | | |
|------------|---|------------|--|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|-----------|------------|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | 583 |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☐ **No**

| | | |
|-----------------|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
|-----------------|-----------|--------------------------------------|

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|---|---|
| Your signature | Date | Your occupation SELF EMPLOYED | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

| | |
|-----------|---------------|
| Phone no. | Email address |
|-----------|---------------|

Paid Preparer Use Only

| | | | | |
|-----------------|----------------------|------|------|---|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| Firm's EIN | | | | |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

BRANDON G TRIPP

Your social security number
646098603

Part 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 | 11262 |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ► | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | 11262 |

Part II Adjustments to Income

| | | | |
|------------|---|------------|------------|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | 796 |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| c | Date of original divorce or separation agreement (see instructions) ► | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | 796 |

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

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

Your social security number
646098603

Part I Tax

| | | | |
|----------|---|----------|--|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add li | 3 | |

Part II Other Taxes

| | | | |
|-----------|---|-----------|-------------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | 1592 |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)_____ | 8 | |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 10 | 1592 |

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

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

2020 Form 1040-V



Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2020 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov, don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to **United States Treasury.** Don't send cash. If you want to pay in cash, in person, see *Pay by cash*.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2020 Form 1040," "2020 Form 1040-SR," or "2020 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at www.officialpayments.com/fed, our Official Payment provider.

How To Send In Your 2020 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.
- Mail your 2020 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/Payments.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on www.irs.gov/Payments.

Cat. No. 20975C

Form **1040-V** (2020)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

► Do not staple or attach this voucher to your payment or return.

Go to www.irs.gov/Payments for payment options and information.

OMB No. 1545-0074

2020

| | | | | | | | | |
|---------------|--|--|---|--|--|--|---------------------|----------|
| Print or type | 1 Your social security number (SSN) (if a joint return, SSN shown first on your return) 646098603 | | 2 If a joint return, SSN shown second on your return | | 3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury" | | Dollars | Cents |
| | 4 Your first name and middle initial BRANDON G | | | | Last name TRIPP | | | |
| | If a joint return, spouse's first name and middle initial | | | | Last name | | | |
| | Home address (number and street) 11689 COUNTY ROAD 271 | | Apt. no. | | City, town, or post office. If you have a foreign address, also complete spaces below. DOLORES, CO 81323 | | State | ZIP code |
| | Foreign country name | | | | Foreign province/state/county | | Foreign postal code | |

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

Cat. No. 20975C

IF you live in . . .**THEN use this address to send in your payment . . .**

Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands

Internal Revenue Service
P.O. Box 1303
Charlotte, NC 28201-1303

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor

BRANDON G TRIPP

Social security number (SSN)

646 09 8603

A Principal business or profession, including product or service (see instructions)

ADMINISTRATIVE & SUPPORT SERVICES

B Enter code from instructions

► **5 6 1 1 1 0**

C Business name. If no separate business name, leave blank.

BRANDON TRIPP

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ► **11689 COUNTY ROAD 271**

City, town or post office, state, and ZIP code **DOLORES CO 81323**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2020, check here ☐

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ No

Part I Income

| | | | | |
|----------|---|--------------------------|----------|--------------|
| 1 | Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | <input type="checkbox"/> | 1 | 13750 |
| 2 | Returns and allowances | | 2 | 0.00 |
| 3 | Subtract line 2 from line 1 | | 3 | 13750 |
| 4 | Cost of goods sold (from line 42) | | 4 | 0 |
| 5 | Gross profit. Subtract line 4 from line 3 | | 5 | 13750 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | 0.00 |
| 7 | Gross income. Add lines 5 and 6 | | 7 | 13750 |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | | | |
|-----------|---|------------|--------------|------------|---|------------|---------------|
| 8 | Advertising | 8 | 0.00 | 18 | Office expense (see instructions) | 18 | 200.00 |
| 9 | Car and truck expenses (see instructions). | 9 | 288 | 19 | Pension and profit-sharing plans | 19 | 0.00 |
| 10 | Commissions and fees | 10 | 0.00 | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | 0.00 | a | Vehicles, machinery, and equipment | 20a | 0.00 |
| 12 | Depletion | 12 | 0.00 | b | Other business property | 20b | 0.00 |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | 0 | 21 | Repairs and maintenance | 21 | 0.00 |
| 14 | Employee benefit programs (other than on line 19) | 14 | 0.00 | 22 | Supplies (not included in Part III) | 22 | 0.00 |
| 15 | Insurance (other than health) | 15 | 0.00 | 23 | Taxes and licenses | 23 | 0.00 |
| 16 | Interest (see instructions): | | | 24 | Travel and meals: | | |
| a | Mortgage (paid to banks, etc.) | 16a | 0.00 | a | Travel | 24a | 500.00 |
| b | Other | 16b | 0.00 | b | Deductible meals (see instructions) | 24b | 0 |
| 17 | Legal and professional services | 17 | 0.00 | 25 | Utilities | 25 | 0.00 |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 988 | 26 | Wages (less employment credits) | 26 | 0.00 |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 12762 | 27a | Other expenses (from line 48) | 27a | 0 |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: 2500 and (b) the part of your home used for business: 400 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | | | b | Reserved for future use | 27b | 0 |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | | | 30 | | 30 | 1500 |
| 32 | If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 31 | | 31 | 11262 |

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

| | |
|-----------|--|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 0.00 |
| 36 | Purchases less cost of items withdrawn for personal use 36 0.00 |
| 37 | Cost of labor. Do not include any amounts paid to yourself 37 0.00 |
| 38 | Materials and supplies 38 0.00 |
| 39 | Other costs 39 0.00 |
| 40 | Add lines 35 through 39 40 0 |
| 41 | Inventory at end of year 41 0.00 |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 0 |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

| | |
|------------|--|
| 43 | When did you place your vehicle in service for business purposes? (month/day/year) ► <u>11 / 29 / 2019</u> |
| 44 | Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: |
| a | Business <u>500</u> b Commuting (see instructions) <u>0</u> c Other <u>0</u> |
| 45 | Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b | If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | |
|-----------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 | Total other expenses. Enter here and on line 27a 48 0 |

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
BRANDON G TRIPP

Social security number of person
with self-employment income ►

646098603

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a** **0**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** **(0)**

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** **11262.00**

3 Combine lines 1a, 1b, and 2 **3** **11262**

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** **10400**

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b** **0**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** **10400**

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a** **0**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** **0**

6 Add lines 4c and 5b **6** **10400**

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** **137,700**

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a** **0**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b** **0**

c Wages subject to social security tax from Form 8919, line 10 **8c** **0**

d Add lines 8a, 8b, and 8c **8d** **0**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** **137700**

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** **1290**

11 Multiply line 6 by 2.9% (0.029) **11** **302**

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** **1592**

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** **796**

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **or (b)** your net farm profits² were less than \$6,107.

14 Maximum income for optional methods **14** **5,640**

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15** **0**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16** **0**

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17** **0**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.




| | | | |
|--|--|-----------|--|
| 18 | Enter the p | 18 | |
| 19 | If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 | 19 | |
| 20 | Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 | 20 | |
| 21 | Combine lines 19 and 20 | 21 | |
| If line 5b is zero, skip line 22 and enter -0- on line 23. | | | |
| 22 | Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 | 22 | |
| 23 | Multiply line 22 by 92.35% (0.9235) | 23 | |
| 24 | Add lines 21 and 23 | 24 | |
| 25 | Enter the smaller of line 9 or line 24 | 25 | |
| 26 | Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) | 26 | |

Schedule SE (Form 1040) 2020

Recovery Rebate Credit Worksheet—Line 30

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444 and Notice 1444-B, have them available.

Don't include on line 16 or 19 any amount you received but later returned to the IRS.

| | | |
|-----|---|------------------|
| 1. | Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2. | |
| | <input checked="" type="checkbox"/> No. Go to line 2. | |
| | <input type="checkbox"/> Yes.  You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. | |
| 2. | Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i> , earlier) for you and, if filing a joint return, your spouse? | |
| | <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4, and go to line 5. | |
| | <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return,  you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. | |
| 3. | Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under <i>Valid social security number</i> , earlier)? | |
| | <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. | |
| | <input type="checkbox"/> No. Go to line 4. | |
| 4. | Does one of you have a valid social security number (defined under <i>Valid social security number</i> , earlier)? | |
| | <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. | |
| | <input type="checkbox"/> No.  You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30. | |
| 5. | If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter: • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. | 5. <u>1200</u> |
| 6. | Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number | 6. _____ |
| 7. | Add lines 5 and 6 | 7. <u>1200</u> |
| 8. | If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter: • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. | 8. <u>600</u> |
| 9. | Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number | 9. _____ |
| 10. | Add lines 8 and 9 | 10. <u>600</u> |
| 11. | Enter the amount from line 11 of Form 1040 or 1040-SR | 11. <u>10466</u> |
| 12. | Enter the amount shown below for your filing status: • \$150,000 if married filing jointly or qualifying widow(er) • \$112,500 if head of household • \$75,000 if single or married filing separately | 12. <u>75000</u> |
| 13. | Is the amount on line 11 more than the amount on line 12? | |
| | <input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. | |
| | <input type="checkbox"/> Yes. Subtract line 12 from line 11. | 13. _____ |
| 14. | Multiply line 13 by 5% (0.05) | 14. _____ |
| 15. | Subtract line 14 from line 7. If zero or less, enter -0- | 15. <u>1200</u> |
| 16. | Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here | 16. <u>600</u> |
| 17. | Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference | 17. <u>600</u> |
| 18. | Subtract line 14 from line 10. If zero or less, enter -0- | 18. <u>600</u> |
| 19. | Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here | 19. <u>600</u> |
| 20. | Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference | 20. _____ |
| 21. | Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR | 21. <u>600</u> |

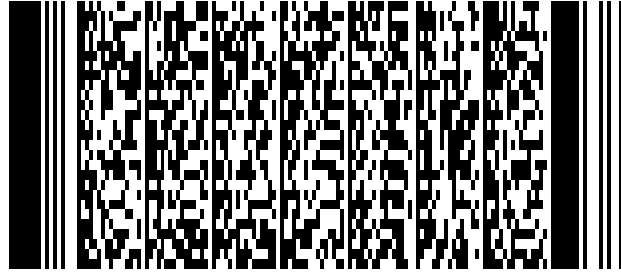
Need more information or forms? Visit [IRS.gov](https://www.irs.gov).



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DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
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(0013)



2020 Colorado Individual Income Tax Return

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

| | | | | |
|--|----------------------|---|---------------------------------|------------------|
| Your Last Name | | Your First Name | | Middle Initial |
| TRIPP | | BRANDON | | G |
| Date of Birth (MM/DD/YYYY) | SSN or ITIN | Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return | | |
| 09/16/1991 | 646-09-8603 | | | |
| Enter the following information from your current driver license or state identification card. | | State of Issue | Last 4 characters of ID number | Date of Issuance |
| | | CO | 1123 | 08/17/2020 |
| If Joint, Spouse's Last Name | | Spouse's First Name | | Middle Initial |
| | | | | |
| Spouse's Date of Birth (MM/DD/YYYY) | Spouse's SSN or ITIN | Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return | | |
| | | | | |
| Enter the following information from your spouse's current driver license or state identification card. | | State of Issue | Last 4 characters of ID number | Date of Issuance |
| | | | | |
| Mailing Address | | | Phone Number | |
| 11689 COUNTY ROAD 271 | | | 970-739-5700 | |
| City | State | Zip Code | Foreign Country (if applicable) | |
| DOLORES | CO | 81323 | | |
| Round To The Nearest Dollar | | | | |
| 1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15 | | | • 1 | -1,934 00 |
| Include W-2s and 1099s with CO withholding. | | | | |
| Additions to Federal Taxable Income | | | | |
| 2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions) | | | • 2 | 00 |
| 3. Business Interest Expense Deduction Addback (see instructions) | | | • 3 | 00 |



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| | | | |
|---|------|-------------|-----------|
| Name | | SSN or ITIN | |
| BRANDON G TRIPP | | 646-09-8603 | |
| 4. Excess Business Loss Addback (see instructions) | • 4 | | 00 |
| 5. Net Operating Loss Addback (see instructions) | • 5 | | 00 |
| 6. Other Additions, explain (see instructions) | • 6 | | 00 |
| Explain: | | | |
| 7. Subtotal, sum of lines 1 through 6 | | 7 | -1,934 00 |
| Colorado Subtractions | | | |
| 8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return. | • 8 | | 00 |
| 9. Colorado Taxable Income, subtract line 8 from line 7 | • 9 | -1,934 | 00 |
| Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule | | | |
| 10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. | • 10 | | 00 |
| 11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. | • 11 | | 00 |
| 12. Recapture of prior year credits | • 12 | | 00 |
| 13. Subtotal, sum of lines 10 through 12 | 13 | | 00 |
| 14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return. | • 14 | | 00 |
| 15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return. | • 15 | | 00 |
| 16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return. | • 16 | | 00 |
| 17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13. | 17 | | 00 |
| 18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. | • 18 | | 00 |
| 19. Net Colorado Tax, sum of lines 17 and 18 | 19 | | 00 |
| 20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. | • 20 | | 00 |
| 21. Prior-year Estimated Tax Carryforward | • 21 | | 00 |
| 22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year | • 22 | | 00 |
| 23. Extension Payment remitted with the DR 0158-I | • 23 | | 00 |
| 24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24 | | | 00 |



| Name | | SSN or ITIN |
|--|------|-------------|
| BRANDON G TRIPP | | 646-09-8603 |
| 25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. | • 25 | 00 |
| 26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return. | • 26 | 00 |
| 27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return. | • 27 | 41 00 |
| 28. Subtotal, sum of lines 20 through 27 | 28 | 41 00 |
| 29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11 | • 29 | 10,466 00 |
| 30. Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28 | 30 | 41 00 |
| 31. Estimated Tax Credit Carryforward to 2021 first quarter, if any. | • 31 | 00 |
| If you have an overpayment on line 32 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute. | | |
| 32. Refund, subtract line 31 from line 30 (see instructions) | • 32 | 41 00 |
| Direct Deposit Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529 Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424. | | |
| 33. Net Tax Due, subtract line 28 from line 19 | 33 | 00 |
| 34. Delinquent Payment Penalty (see instructions) | • 34 | 00 |
| 35. Delinquent Payment Interest (see instructions) | • 35 | 00 |
| 36. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions) | • 36 | 00 |
| 37. Amount You Owe, sum of lines 33 through 36 | • 37 | |
| The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically. | | |



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| | | | | | |
|---|--|------|-----------------------|---|--|
| Name | | | | SSN or ITIN | |
| BRANDON G TRIPP | | | | 646-09-8603 | |
| 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. | | | | | |
| • <input checked="" type="checkbox"/> No | | | | • <input type="checkbox"/> 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 belief, this return is true, correct 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 Preparer's Phone | | |
| | | | | | |
| Paid Preparer's Address | | City | State | Zip | |
| | | | | | |

File and pay at: Colorado.gov/RevenueOnline

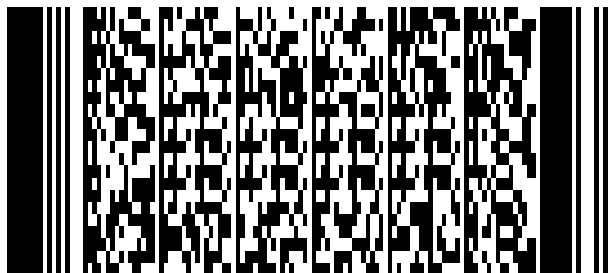
If you are filing this return **with** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

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.



DR 0104CR (09/11/20)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4



Form 104CR Individual Credit Schedule 2020

| Taxpayer's Last Name | First Name | Middle Initial | SSN or ITIN |
|----------------------|------------|----------------|-------------|
| TRIPP | BRANDON | G | 646-09-8603 |

Use this schedule to calculate your income tax credits. For best results, visit [Tax.Colorado.gov](https://tax.colorado.gov) 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

SSN Filers Only - 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 qualifying 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 qualifying child if the child was born and died in 2020 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 Earned Income calculated for your federal return. • 2 10,466 00

3. The federal EITC you claimed. • 3 409 00

| Qualifying Child's Last Name | Qualifying Child's First Name | Year of Birth | • SSN | Deceased* |
|------------------------------|-------------------------------|---------------|-------|----------------------------|
| | | | | • <input type="checkbox"/> |
| | | | | • <input type="checkbox"/> |
| | | | | • <input type="checkbox"/> |
| | | | | • <input type="checkbox"/> |

*Check only if child was deceased before SSN was assigned in 2020, see instructions.



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| | | | |
|--|-----|-------------|----|
| Name | | SSN or ITIN | |
| BRANDON G TRIPP | | 646-09-8603 | |
| 4. COEITC, multiply line 3 by 10% (0.10) | 4 | 41 | 00 |
| 5. <i>Part-year residents only</i> , multiply line 4 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%.) | 5 | | 00 |
| 6. Business Personal Property Credit: Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return. | • 6 | | 00 |
| 7. Refundable Renewable Energy Tax Credit from line 88 of the DR 1366. You must submit the DR 1366 with your return. | • 7 | | 00 |
| 8. ITIN Filers Only - Expanded Earned Income Tax Credit (Reserved for Future Use) | • 8 | | 00 |
| 9. Total Refundable Credits, sum of lines 1, 4 (or 5), 6, 7, and 8. Enter the sum on the DR 0104 line 27. | 9 | 41 | 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 calculate lines 11 through 17 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 10 and complete lines 11 through 17 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

| | | | |
|---|------|--|----|
| 10. Name of other state: | | | |
| 11. Total of lines 10 and 11 Form 104 | • 11 | | 00 |
| 12. Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17. | • 12 | | 00 |
| 13. Total modified Colorado adjusted gross income | • 13 | | 00 |
| 14. Divide line 12 by line 13. Round to four significant digits, e.g. xxx.xxxx | 14 | | % |
| 15. Multiply line 11 by the percentage on line 14 | 15 | | 00 |
| 16. Tax liability to the other state | • 16 | | 00 |
| 17. Allowable credit , the smaller of lines 15 or 16 | • 17 | | 00 |



200104CR31682

| | |
|-----------------|-------------|
| Name | SSN or ITIN |
| BRANDON G TRIPP | 646-09-8603 |

Part III — Other Credits

Visit *Tax.Colorado.gov* for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

| | Available Credit Column (A) ● | Credit Used Column (B) ● |
|--|----------------------------------|-----------------------------|
| 18. Plastic recycling investment credit, you must submit required receipts with your return. ● 18 | 00 | 00 |
| ● Plastic recycling net expenditures amount (fill below): | | |
| 19. Colorado Minimum Tax Credit ● 19 | 00 | 00 |
| ● 2020 Federal Minimum Tax Credit (fill below): | | |
| 20. Carry forward of prior year Historic Property Preservation credit (per §39-22-514, C.R.S.). ● 20 | 00 | 00 |
| 21. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 21 | 00 | 00 |
| 22. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● 22 | 00 | 00 |
| 23. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 23 | 00 | 00 |
| 24. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 24 | 00 | 00 |
| 25. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 25 | 00 | 00 |
| 26. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 26 | 00 | 00 |
| 27. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 27 | 00 | 00 |
| 28. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 28 | 00 | 00 |
| 29. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 29 | 00 | 00 |
| 30. Certified Auction Group License Fee credit, you must submit a copy of the certification with your return. ● 30 | 00 | 00 |
| 31. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 31 | 00 | 00 |
| 32. Affordable Housing credit, you must submit CHFA certification with your return. ● 32 | 00 | 00 |



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| | | | |
|---|---|------------------------------------|--|
| Name | | SSN or ITIN | |
| BRANDON G TRIPP | | 646-09-8603 | |
| | Available Credit Column (A) ● | Credit Used Column (B) ● | |
| 33. Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● 33 | 00 | 00 | |
| 34. Preservation of Historic Structures credit (per §39- 22-514.5, C.R.S.) carried forward from a prior year. ● 34 | 00 | 00 | |
| 35. Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● 35 | 00 | 00 | |
| 36. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● 36 | | | |
| 37. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 37 | 00 | 00 | |
| 38. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 38 | 00 | 00 | |
| 39. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● 39 | 00 | 00 | |
| ● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing | | | |
| 40. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● 40 | 00 | 00 | |
| 41. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● 41 | 00 | 00 | |
| 42. Total of column A lines 18 through 41 (exclude line 36 certificate number) 42 | 00 | | |
| 43. Nonrefundable Credits Used, total of column B plus any amount from line 17, exclude line 36 certificate number. Also enter this amount on the DR 0104 line 14. Credit used cannot exceed credit available. 43 | | 00 | |



208453 11682

DR 8453 (10/06/20)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax.Colorado.gov
Page 1 of 1**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 or ITIN | | Spouse SSN or ITIN (If Joint Return) | | Submission ID | |
| 646-09-8603 | | | | 44090420211055846385 | |
| Taxpayer Last Name | | | Taxpayer First Name | | Middle Initial |
| TRIPP | | | BRANDON | | G |
| Spouse Last Name (If Joint Return) | | | Spouse First Name (If Joint Return) | | |
| | | | | | |
| Street Address | | | | Phone Number | |
| 11689 COUNTY ROAD 271 | | | | 970-739-5700 | |
| City | | | | State | Zip |
| DOLORES | | | | CO | 81323 |

Part I — Tax Return Information

| | | | |
|--|---|----|--------|
| 1. Total Income, line 9 from your federal Form 1040 | 1 | \$ | 11,262 |
| 2. Taxable Income, line 15 on federal Form 1040 | 2 | \$ | -1,934 |
| 3. Colorado Tax, line 19 on Colorado Form 104 | 3 | \$ | |
| 4. Colorado Tax Withheld, line 20 on Colorado Form 104 | 4 | \$ | |
| 5. Refund, line 32 Colorado Form 104 | 5 | \$ | 41 |
| 6. Amount You Owe, line 37 on Colorado Form 104 | 6 | \$ | |

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

| | | | |
|-----------|------|--|------|
| Signature | Date | Spouse's Signature (If Joint Return, Both Must Sign) | Date |
| | | | |

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here ☐

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

| | |
|-----------------|--|
| ERO's Signature | Preparer Identification Number or Your SSN |
| | |

Check if also Preparer ☐

Date (MM/DD/YY)

