

Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Christopher R Nyberg
4549 Cavallon Way
Acworth, GA 30101

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$970.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 205667341 Routing Transit Number: 314074269.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2018 Federal Tax Return Summary	Adjusted Gross Income	\$	6,173.00
	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	970.00
	Amount to be Refunded	\$	970.00
	Effective Tax Rate		-7.65%



Hi Christopher,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Free File Program:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: Christopher R Last name: Nyberg Your social security number: 520-29-1180

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's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 4549 Cavallon Way Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Acworth GA 30101 If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			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"/>

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.

Joint return? See instructions. Keep a copy for your records.

Your signature: Date: Your occupation: ski-lift operator

Spouse's signature. If a joint return, both must sign. Date: Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Preparer's name: Preparer's signature: PTIN: Firm's EIN: Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name: Self-Prepared **Phone no.:**

Firm's address:

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 6,173.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b Taxable amount
5a Social security benefits	5b Taxable amount
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 6,173.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7 6,173.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
9 Qualified business income deduction (see instructions)	9
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10 0.
11 a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 0.
12 b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12
13 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13 0.
14 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
15 Other taxes. Attach Schedule 4	15 0.
16 Total tax. Add lines 13 and 14	16 498.
17 Federal income tax withheld from Forms W-2 and 1099	17 472.
18 Refundable credits: a EIC (see inst.) 472. b Sch. 8812 c Form 8863	18 970.
19 Add any amount from Schedule 5	19 970.
20a Add lines 16 and 17. These are your total payments	20a 970.
21 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21
22 Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22
23 Routing number 314074269 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	23
24 Account number 205667341	24
25 Amount of line 19 you want applied to your 2019 estimated tax	25
26 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26
27 Estimated tax penalty (see instructions)	27

Health Coverage Exemptions

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

Christopher R Nyberg

Your social security number

520-29-1180

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☒

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Christopher Nyberg	520-29-1180	A		X	X	X	X	X	X	X	X	X	X	X	X
9																
10																
11																
12																
13																

Electronic Filing Instructions for your 2018 Colorado Tax Return

Important: Your taxes are not finished until all required steps are completed.



Christopher R Nyberg
4549 Cavallon Way
Acworth, GA 30101

Balance Due/Refund	Your Colorado state tax return (Form 104) shows a refund due to you in the amount of \$289.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 205667341 Routing Transit Number: 314074269.		
Where's My Refund?	Before you call the Colorado Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Colorado Department of Revenue directly at 1-303-238-7378. From outside of Colorado use 1-303-238-3278. You can also visit the Colorado Department of Revenue web site at www.colorado.gov/revenueonline .		
What You Need to Sign	Sign and date Form DR 8453 within 1 day of acceptance.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Colorado Department of Revenue already has your return.		
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form DR 8453 Printed copy of your state and federal returns All W-2's, W-2G's and 1099's that report Colorado withholding		
2018 Colorado Tax Return Summary	Taxable Income	\$	-5,827.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	289.00
	Amount to be Refunded	\$	289.00



188453 11555

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 ID	
520-29-1180					
Taxpayer Last Name		Taxpayer First Name		Middle Initial	
NYBERG		CHRISTOPHER		R	
Spouse Last Name (If Joint Return)		Spouse First Name (If Joint Return)			
Street Address				Phone Number	
4549 CAVALLON WAY				(404) 580-9004	
City				State	Zip
ACWORTH				GA	30101

Part I — Tax Return Information

1. Total Income, line 6 from your federal form 1040	1	\$	6173
2. Taxable Income, line 10 on federal form 1040	2	\$	-5827
3. Colorado Tax, Line 15 on Colorado form 104	3	\$	0
4. Colorado Tax Withheld, Line 16 on Colorado form 104	4	\$	242
5. Refund, Line 30 Colorado form 104	5	\$	289
6. Amount You Owe, Line 35 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 2018 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/TransmitterIf 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 2018 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2018 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	
SELF-PREPARED			

Check if also Preparer ☐

Date (MM/DD/YY)



180104 11555

DR 0104 (09/17/18)

COLORADO DEPARTMENT OF REVENUE

Colorado.gov/Tax

(0013)



2018 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 attach DR 0104PN

Your Last Name		Your First Name		Middle Initial
NYBERG		CHRISTOPHER		R
Date of Birth (MM/DD/YYYY)	SSN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return.		
09/16/1991	520-29-1180			
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
		GA	8808	10/13/12
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 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	
4549 CAVALLON WAY			(404) 580-9004	
City	State	Zip Code	Foreign Country (if applicable)	
ACWORTH	GA	30101		
Round To The Next Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 10 • 1				-5827 00
Attach W-2s and 1099s with CO withholding here. ◀				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5a (see instructions) • 2				00
3. Other Additions, explain (see instructions) • 3				00

Explain:



180104 21555

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

Name		SSN
CHRISTOPHER R NYBERG		520-29-1180
4. Subtotal, sum of lines 1 through 3	4	-5827 00
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return.	• 5	00
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	-5827 00
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents 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	0 00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with your return.	• 8	00
9. Recapture of prior year credits	• 9	00
10. Subtotal, sum of lines 7 through 9	10	0 00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	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	0 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	0 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	242 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
19. Extension Payment remitted with the DR 0158-I	• 19	00
20. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 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	47 00
24. Subtotal, sum of lines 16 through 23	24	289 00
25. Federal Adjusted Gross Income from your federal income tax form: 1040 line 7 • 25		6173 00
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24 • 26		289 00
27. Estimated Tax Credit Carryforward to 2019 first quarter, if any • 27		00



180104 31555

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

Name		SSN	
CHRISTOPHER R NYBERG		520-29-1180	
28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must submit the DR 0104CH with your return.		• 28	00
29. Subtotal, add lines 27 and 28		29	00
30. Refund, subtract line 29 from line 26 (see instructions)		• 30	289 00
Direct Deposit Routing Number <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="9"/> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529 Account Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="1"/> For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.			
31. Net Tax Due, subtract line 24 from line 15, then add line 28		31	00
32. Delinquent Payment Penalty (see instructions)		• 32	00
33. Delinquent Payment Interest (see instructions)		• 33	00
34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)		• 34	00
35. Amount You Owe, sum of lines 31 through 34		• 35	
The State may convert your check to a one-time electronic banking transaction. 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.			
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? • <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	
SELF PREPARED			
Paid Preparer's Address		City	State Zip

REV 11/30/18 TTO

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.



180104CR11555

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
NYBERG	CHRISTOPHER	R	520-29-1180

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 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 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 Earned Income calculated for your federal return. • 2 6173 00

3. The federal EITC you claimed. • 3 472 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 2018, see instructions.

4. COEITC, multiply line 3 by 10% (0.10) 4 47 00



180104CR21555

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

Name			SSN		
CHRISTOPHER R NYBERG			520-29-1180		
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. Total Refundable Credits, add lines 1, 4 (or 5), 6, and 7. Enter the sum on the DR 0104 line 23.			8	47	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 10 through 16 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 9 and complete lines 10 through 16 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.

9. Name of other state:					
10. Total of lines 7 and 8 Form 104		10			00
11. Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17.		11			00
12. Total modified Colorado adjusted gross income		12			00
13. Divide line 11 by line 12. Round to four significant digits, e.g. xxx.xxxx		13			%
14. Multiply line 10 by the percentage on line 13		14			00
15. Tax liability to the other state		15			00
16. Allowable credit, the smaller of lines 14 or 15		16			00

Part III — Other Credits

Visit Colorado.gov/Tax 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) ●	
17. Plastic recycling investment credit, you must submit required receipts with your return.	17	00		00
● Plastic recycling net expenditures amount (fill below):				
18. Colorado Minimum Tax Credit	18	00		00
● 2018 Federal Minimum Tax Credit (fill below):				



180104CR31555

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

Name			SSN		
CHRISTOPHER R NYBERG			520-29-1180		
	Available Credit Column (A) ●		Credit Used Column (B) ●		
19. Historic Property Preservation credit (per §39-22-514, C.R.S.), you must submit the certification with your return. ● 19	00		00		
20. 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. ● 20	00		00		
21. 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. ● 21	00		00		
22. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● 22	00		00		
23. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● 23	00		00		
24. Child Care Contribution credit, you must submit each DR 1317 with your return. ● 24	00		00		
25. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● 25	0	00	00		
26. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● 26	00		00		
27. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● 27	00		00		
28. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● 28	00		00		
29. Certified Auction Group License Fee credit, you must submit a copy of the certification with your return. ● 29	00		00		
30. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● 30	00		00		
31. Affordable Housing credit, you must submit CHFA certification with your return. ● 31	00		00		
32. Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● 32	00		00		
33. Preservation of Historic Structures credit (per §39-22-514.5, C.R.S.) carried forward from a prior year. ● 33	00		00		
34. Preservation of Historic Structures credit (per §39-22-514.5, C.R.S.), you must submit the certificate from OEDIT or local granting authority with your return. ● 34	00		00		
35. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT or History Colorado. ● 35					
36. Rural Jump-Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● 36	00		00		
37. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● 37	00		00		
38. Total of column A lines 17 through 37 (exclude line 35 certificate number) ● 38	0	00			
39. Nonrefundable Credits Used, total of column B plus any amount from line 16, exclude line 35 certificate number. Also enter this amount on the DR 0104 line 11. Credit used cannot exceed credit available. ● 39			00		