

(0013)

2019 Colorado Individual Income Tax Return

Your Last Name		Your First Name				M	liddle Initial
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased					
					ning a refundath certifica		
Enter the following information	on from your current	State of Issue	Last 4 chara	cters of ID r	umber Date	of Issuance	
driver license or state identif							
If Joint, Spouse's Last Name		Spouse's First Na	ame			M	liddle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased					
					ning a refundath certifica		
Enter the following information	on from vour spouse's	State of Issue	Last 4 chara	cters of ID r	umber Date	of Issuance	
current driver license or state	e identification card.						
Mailing Address					Phone Nun	nber	
City		State	Zip Code	F	oreign Country	y (if applicab	le)
					Dound T	To The Near	ant Dallar
Fnter Federal Taxable Inc.	come from your federal in	come tax form:	1040 line 11	b	Round T	To The Near	est Dollar
Enter Federal Taxable Incor 1040 SR line 11b	come from your federal in	come tax form:	1040 line 11	b • 1	Round T	Γο The Near	est Dollar 0 0
		come tax form:	1040 line 11	I .	Round T	To The Near	
or 1040 SR line 11b Include W-2s and 1099s with	CO withholding. Additions to	Federal Taxab	ole Income	I .	Round T	To The Near	
or 1040 SR line 11b Include W-2s and 1099s with 2. State Addback, enter the	Additions to state income tax deductions	Federal Taxak	ole Income	• 1	Round T	To The Near	0.0
or 1040 SR line 11b Include W-2s and 1099s with	Additions to state income tax deductions	Federal Taxak	ole Income	I .	Round T	To The Near	

DR 0104 (10/07/19) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax

Name		SSN or ITIN
	_	
4. Subtotal, sum of lines 1 through 3	4	0.0
Colorado Subtractions 5. Subtractions from the DD 0404AD Schodule line 20 year must submit the		
5. Subtractions from the DR 0104AD Schedule, line 20, you must submit the		0.0
DR 0104AD schedule with your return.	• 5	0 (
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	0.0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and		
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit		
the DR 0104PN with your return if applicable.	• 7	0.0
8. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the		
DR 0104AMT with your return.	• 8	0.0
9. Recapture of prior year credits	• 9	0.0
40.01444		0.6
10. Subtotal, sum of lines 7 through 9	10	0.0
11. Nonrefundable Credits from the DR 0104CR line 41, the sum of lines 11, 12,		0.0
cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	0.0
12. Total Nonrefundable Enterprise Zone credits used – as calculated,	no 10	
or from the DR 1366 line 87, the sum of lines 11, 12, and 13 cannot exceed lines you must submit the DR 1366 with your return.	• 12	0.0
13. Strategic Capital Tax Credit from DR 1330, the sum of lines 11, 12, and 13 ca		0.0
exceed line 10, you must submit the DR 1330 with your return.	• 13	0.0
exceed line 10, you must submit the DTC 1000 with your return.	U 13	
14. Net Income Tax, sum of lines 11, 12, and 13. Subtract that sum from line 10.	14	0.0
15. Use Tax reported on the DR 0104US schedule line 7, you must submit		
the DR 0104US with your return.	• 15	0.0
16. Net Colorado Tax, sum of lines 14 and 15	16	0.0
17. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s		
and/or 1099s claiming Colorado withholding with your return.	• 17	0.0
40.00	40	
18. Prior-year Estimated Tax Carryforward	• 18	0.0
19. Estimated Tax Payments, enter the sum of the quarterly payments	40	0.0
remitted for this tax year	• 19	0.0
20. Extension Payment remitted with the DR 0158-I	• 20	0.0
Extension rayment remitted with the Bix 0100-1	V 20	
21 . Other Prepayments:	079 • 21	
21. Other riepayments. — • bix 0104bbi — • bix 10	779 4 21	0.0
22. Gross Conservation Easement Credit from the DR 1305G line 33, you must		
submit the DR 1305G with your return.	• 22	0 (
23. Innovative Motor Vehicle Credit from the DR 0617, you must submit each		
DR 0617 with your return.	• 23	0 (
24. Refundable Credits from the DR 0104CR line 8, you must submit the		
DR 0104CR with your return.	• 24	0 (
25. Subtotal, sum of lines 17 through 24	25	0 (



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Name		SSN or ITIN
	ederal Adjusted Gross Income from your federal income tax form: 1040 line 8b, or 1040 SR line 8b • 26	0 0
Line	es 27 through 32 are reserved for future use.	
33 . (Overpayment, if line 25 is greater than line 16 then subtract line 16 from line 25 33	0 0
34 . E	Estimated Tax Credit Carryforward to 2020 first quarter, if any. • 34	0 0
If yo	es 35 and 36 are reserved for future use. u have an overpayment on line 37 below and would like to donate all or a portion of yorado charity, include Form DR 0104CH to contribute.	our overpayment to a qualified
37 . F	Refund, subtract line 34 from line 33 (see instructions) • 37	0 0
Diı	rect Routing Number Type: Checking	Savings CollegeInvest 529
	posit Account Number	
	For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInve	est.org or call 800-448-2424.
38. N	let Tax Due, subtract line 25 from line 16 38	0 0
	Delinquent Payment Penalty (see instructions) • 39	0.0
40 F	Delinquent Payment Interest (see instructions) • 40	0.0
41 . E	Estimated Tax Penalty, you must submit the DR 0204 with your return. see instructions) • 41	00
ì	Amount You Owe, sum of lines 38 through 41 • 42	12.5
	The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as carly as the co-	ma day rassiyad by the State

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						
Third Party Designee								
Do you want to allow another person to discuss this return and any other information related to this return No Yes. Cowith the Colorado Department of Revenue?	ollowing:							
Designee's Name Phone Number								
•								
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this retur	n is true, correct	and complete.						
Your Signature Your Signature		Date (MM/DD/YY)						
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)						
Paid Preparer's Name	Paid Prep	parer'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.