



200289 19999

Employer Contributions to
Employee 529 Qualified State Tuition Program

The Qualified State Tuition Savings Program must be administered by CollegenInvest C.R.S. 39-22-539

An employer who contributes directly to an employee's 529 qualified state tuition program account administered by CollegenInvest is allowed to claim a credit against the employer's income taxes.

As used in:

- a. A 529 qualified state tuition program account is a state tuition program account established by CollegenInvest created in section 23-3.1-203, C.R.S.
b. An employer is any person doing business in the state, and an employee is any person in the employment of any employer for salary or for hourly wages, whether full-time or part-time and whether temporary or permanent.

The employer is allowed to claim a credit in an amount equal to 20% of the contribution. The maximum credit an employer may claim for each employee in a taxable year is \$500.

The credit is neither transferable nor refundable, but may be carried forward on the employer's return for up to three years.

In order to claim the credit for employer contributions to more than 9 qualified employee accounts, the income tax return must be electronically filed.

If the return cannot be filed electronically, you may submit one 1st page of form DR0289 with multiple 2nd pages along with the paper return.

Note - If all of the tax credits for each employee do not sum up correctly to the total, the return may be adjusted and credits reduced or denied.

Form with fields for Employer/Contributor Last Name, First Name, Middle Initial, FEIN/SSN/ITIN, Employer/Contributor Address, City, State, ZIP, and a table for Available and Used credit amounts.

Table with 6 columns: Form, Form Title, Line, Form, Form Title, Line. Rows include DR 0104CR, DR 0105, DR 0106CR, and DR 0112CR.



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A	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
B	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
C	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
D	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
E	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
F	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
G	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
H	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*
I	● Employee/Account Owner Last Name		● First Name		● Middle Initial
● SSN or ITIN		● Filing Period (DD/MM/YYYY)		● Amount of Contribution	● Tax Credit*

* (20% of the Value of Contribution up to \$500)