DR 0289 (08/24/20)
COLORADO DEPARTMENT OF REVENUE
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Employer Contributions to Employee 529 Qualified State Tuition Program

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

An employer who contributes directly to an employee's 529 qualified state tuition program account administered by CollegeInvest 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 CollegeInvest 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.

0	denied.									
● Employer/Contributor Last Name ● First Name						Middle Initial			● FEIN/SSN/ITIN	
Employer/Contributor Address				• City			State	● ZIP		
					Avai	lable			Used	
1.	Carryforward available t	from prior year		•						
2.	2. Current year credit available, the sum of all employer tax credits generated •									
3.	Total credit available to	be used in the curre	ent year, sum of line	s 1 and 2						
4.	Credit used to offset cur	rrent year tax liabilit	y, enter here and on	the						
	appropriate form and lin	e number indicated	I in the table below.	•						
5. Carryforward credit to next tax year, line 3 minus line 4										
Ву	claiming this credit, I d	leclare that to the b	est of my knowledç	ge and belief,	this form	is tru	e, cor	rect, a	nd comp	ete.
Signature									IM/DD/YY)	

Form	Form Title	Line	Form	Form Title	Line
DR 0104CR	Individual Credit Schedule	40A	DR 0106CR	Colorado Pass-Through Entity Credit Schedule	25A
DR 0105	Schedule G (DR 0105)	9A	DR 0112CR	Credit Schedule for Corporations	26A



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• Employee/Account Owner Last Name First Name Middle Initial SSN or ITIN • Filing Period (DD/MM/YYYY) Amount of Contribution Tax Credit* Employee/Account Owner Last Name First Name Middle Initial SSN or ITIN Filing Period (DD/MM/YYYY) ◆ Amount of Contribution
 ◆ Tax Credit* • Employee/Account Owner Last Name First Name Middle Initial C SSN or ITIN • Filing Period (DD/MM/YYYY) Amount of Contribution Tax Credit* First Name Middle Initial Employee/Account Owner Last Name D SSN or ITIN • Filing Period (DD/MM/YYYY) Amount of Contribution
 Tax Credit* Employee/Account Owner Last Name First Name Middle Initial Ε • Filing Period (DD/MM/YYYY) SSN or ITIN Amount of Contribution Tax Credit* • Employee/Account Owner Last Name First Name Middle Initial SSN or ITIN • Filing Period (DD/MM/YYYY) Amount of Contribution Tax Credit* • Employee/Account Owner Last Name First Name Middle Initial G Filing Period (DD/MM/YYYY) SSN or ITIN Amount of Contribution
 Tax Credit* • Employee/Account Owner Last Name First Name Middle Initial Н SSN or ITIN Filing Period (DD/MM/YYYY) Amount of Contribution Tax Credit* • Employee/Account Owner Last Name First Name Middle Initial SSN or ITIN • Filing Period (DD/MM/YYYY) Amount of Contribution
 Tax Credit*