



2022 Amended C Corporation Income Tax Return Instructions

You MUST use the amended return form that corresponds to the tax year you are amending or your amended return cannot be processed.

The 2022 DR 0112X, Amended Colorado C Corporation Income Tax Return, is used to correct your 2022 C Corporation income tax return. File the return for free using Revenue Online. You can file on paper if you cannot file electronically, but please note that filing on paper may result in processing delays. For more information or any questions pertaining to income, deductions, modifications, credits, etc., refer to the income tax 112 Book for 2022. Visit Tax.Colorado.gov for additional information and guidance publications.

Supporting Documents: You must submit all required schedules and supporting certifications to this amended return even if there is no change from the original return. (For example: Schedule RF, DR 0112CR, DR 0074, etc.) Failure to include this documentation will result in the disallowance of credits, subtractions or reduced apportioned income and will result in processing delays.

Lines 38 through 44 compute the amount you owe to the state on the amended return. Any decrease in the amount of the overpayment (line 38) or increase in the amount owed (line 39) will indicate that an amount is owed with the amended return. See FYI General 11 for assistance in computing the amount of interest to enter on line 41. If you have previously been assessed a delinquency penalty or estimated tax penalty and this amended return causes the amount of penalty to change, enter the increased penalties on lines 42 and/or 43.

Lines 45 through 49 compute your refund of credit available on the amended return. Any increase in the amount of the overpayment (line 45) or decrease in the amount owed (line 46) will indicate that an overpayment is available with the amended return. The overpayment can be credited to estimated tax (line 48) for the tax year following the period on the amended return, or can be requested as a refund (line 49).

Statute of Limitations. The statute of limitations for filing a Colorado claim for refund is generally four years from the original due date of the return or three years from the date of the last payment of tax or the year involved, whichever is later. In the case of an investment credit or capital loss carryback, the claim must be filed within four years of the due date of the return for the year during which the credit or loss arose. See the Corporate Income Tax Guide for more information.

Colorado net operating losses may not be carried back to an earlier year. They may be carried forward for 15 years from tax years beginning before August 6, 1997, and 20 years from tax years beginning on or after August 6, 1997.

Protective Claims. If this amended return is being filed to keep the statute of limitations open pending the outcome of a court case or tax determination in another state that affects your Colorado return, check the protective claim box under reason for filing corrected return.

Payment

Taxpayers can now visit Colorado.gov/RevenueOnline to pay online. Online payments reduce errors and provide a payment confirmation. Revenue Online also allows users to submit various forms and to manage their tax account. Please be advised that a nominal processing fee may apply to certain payment methods.

If you file electronically but are unable to remit payment electronically, please use form DR 0900C to remit your payment. Make your check payable to the Colorado Department of Revenue.

If you are not submitting your return electronically, please include your payment with this amended return.

MAILING ADDRESS FOR FORM DR 0112X

WITH
PAYMENT

Mail To

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

WITHOUT
PAYMENT

Mail 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.



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(0025)

2022 Amended Colorado C Corporation Income Tax Return

Fiscal Year Beginning (MM/DD/22)		Ending (MM/DD/YY)	
Reason for amended return (mark one)			
<input type="checkbox"/> Investment tax credit carryback	From tax year ending (YYYY)	<input type="checkbox"/> Federal Revenue Agent Report	
<input type="checkbox"/> Federal net operating loss carryback	From tax year ending (YYYY)	<input type="checkbox"/> Other, include explanation	
<input type="checkbox"/> Protective claim, include explanation		Note: Colorado net operating losses may not be carried back to an earlier tax year.	
Name of Corporation			• Colorado Account Number
Address			• Federal Employer ID Number
City	State	ZIP	
Mark for Final Return • <input type="checkbox"/>		Mark this box if submitting a statement disclosing a listed or reportable transaction. • <input type="checkbox"/>	
A. Apportionment of Income. This return is being filed for:			
<input type="checkbox"/> (42) A corporation not apportioning income;	<input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales;		
<input type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using receipts - factor apportionment (DR 0112RF required);	<input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272;		
<input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income under special regulation (DR 0112RF required);	<input type="checkbox"/> (47) Alternate apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);		
Requires approval by the department			
B. Separate/Consolidate/Combined Filing. This return is being filed by:			
<input type="checkbox"/> A single corporation filing a separate return;	<input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required);		
<input type="checkbox"/> An affiliated group of corporations electing to file a consolidated report. Warning: such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);	<input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required);		
• Enter the year of election (YYYY)			



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Name	Account Number
Federal Taxable Income	
As Amended	
1. Federal taxable income from Form 1120 or 990-T ● 1	00
2. Federal taxable income of companies not included in this return ● 2	00
3. Net federal taxable income, subtract line 2 from line 1 3	00
Additions	
4. Federal net operating loss deduction ● 4	00
5. Colorado income tax deduction ● 5	00
6. Other additions, submit explanation ● 6	00
7. Sum of lines 3 through 6 7	00
Subtractions	
8. Exempt federal interest ● 8	00
9. Excludable foreign source income ● 9	00
10. Colorado Marijuana Business Deduction ● 10	00
11. Other subtractions, explain below ● 11	00
Explain:	
12. Sum of lines 8 through 11 12	00

Attention: Continue through page 5 to complete your return.



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Name	Account Number
Taxable Income	
13. Modified federal taxable income, subtract line 12 from line 7	13 00
14. Colorado taxable income before net operating loss deduction	• 14 00
15. Colorado net operating loss deduction: (see instructions)	
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018	• 15(a) 00
(b) Subtract line 15(a) from line 14, If zero skip to 15(d)	15(b) 00
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018	• 15(c) 00
(d) Colorado net operating loss deduction, sum of (a) and (c)	15(d) 00
16. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions)	• 16 00
17. Colorado taxable income, subtract the sum of lines 15(d) and 16 from line 14	17 00
18. Tax, 4.4% of the amount of line 17	• 18 00
Credits	
19. Sum of nonrefundable credits from line 27, form DR 0112CR (the sum of lines 19, 20, and 21 cannot exceed tax on line 18). You must submit the DR 0112CR with your return.	• 19 00
20. Non-refundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85 (the sum of lines 19, 20 and 21 cannot exceed tax on line 18). You must submit the DR 1366 with your return.	• 20 00
21. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 19, 20, and 21 cannot exceed line 18, you must submit the DR 1330 with your return.	• 21 00
22. Net tax, sum of lines 19, 20 and 21. Subtract that sum from line 18.	22 00
23. Recapture of prior year credits	• 23 00
24. Sum of lines 22 and 23	24 00
25. Estimated tax and extension payments and credits	• 25 00
26. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return.	• 26 00
27. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 27 00
28. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit the DR 0617(s) with your return.	• 28 00
29. Business Personal Property Credit: Use the worksheet in the 112 book instructions to calculate, you must submit copy of assessor's statement with your return.	• 29 00
30. Renewable Energy Tax Credit from form DR 1366 line 86, you must submit the DR 1366 with your return.	• 30 00
31. Electing Pass-Through Entity Owner Tax Credit (see instructions).	• 31 00



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Name	Account Number	
32. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return.	●32	00
33. Sum of lines 25 through 32	33	00
If you want the Department of Revenue to compute and mail your refund, or compute your balance due and mail a bill, stop here and leave lines 34 through 49 blank. If you want to compute the refund or balance due yourself, continue with line 34.		
34. If line 33 is larger than line 24, enter your overpayment	●34	00
35. Enter the overpayment from your original return or as previously adjusted	●35	00
36. If line 24 is larger than line 33, enter the amount owed	●36	00
37. Enter the amount owed from your original return or as previously adjusted	●37	00
Compute the Amount You Owe		
38. Subtract line 34 from line 35, if the result is negative then enter zero	38	00
39. Subtract line 37 from line 36 if the result is negative then enter zero	39	00
40. Additional tax due, sum of lines 38 and 39	40	00
41. Interest due on additional tax	●41	00
42. Penalty due	●42	00
43. Estimated tax penalty due	●43	00
44. Payment due with this return, sum of lines 40 through 43	Paid by EFT <input type="checkbox"/> ●44	

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	Account Number

Compute Your Refund

45. Subtract line 35 from line 34, if the result is negative then enter zero	45	00
46. Subtract line 36 from line 37, if the result is negative then enter zero	46	00
47. Overpayment, sum of lines 45 and 46	•47	00
48. Amount from line 47 to carry forward to the next year's estimated tax	•48	00
49. Refund claimed with this return, subtract line 48 from line 47	•49	00

Direct

Routing Number Type: Checking Savings

Deposit

Account Number

File and pay electronically at Colorado.gov/RevenueOnline or make checks payable to:
Colorado Department of Revenue

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

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

Signature of Officer	Title of Officer	Date (MM/DD/YY)	
Paid Preparer's Last Name	Paid Preparer's First Name	Middle Initial	
Paid Preparer's Address			
Paid Preparer's Address			
City	State	ZIP	Paid Preparer's Phone