



DO NOT SEND

DR 0104EE (09/10/25)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0008
Tax.Colorado.gov

Colorado Easy Enrollment Information Form

Instructions

Colorado taxpayers can now share certain information from their state tax return with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Colorado Department of Health Care Policy & Financing to find out if they qualify for free or reduced-cost health coverage (Colorado Law: 39-21-113(25) C.R.S.). If you give your permission, the Department of Revenue will share only the information on form DR 0104EE which includes:

- Name and date of birth for you, your spouse, and everyone listed on your taxes as your dependent (your tax household).
- Social Security Number (SS N) or Individual Taxpayer Identification Number (ITI N) for you, your spouse, and your dependents. (This is optional for each person.)
- Your address, phone number, and email address so they can contact you.
- Your income.
- Whether you filed your return electronically or on paper.

This information will only be used to check if you can enroll in health coverage and qualify for help paying for coverage. For more information about getting health coverage, visit Connect for Health Colorado at <https://connectforhealthco.com>.

To see if you or members of your household qualify for free or reduced-cost health coverage, check the box on DR 0104 page 3 if:

- At least one person in your household does not have health coverage; and
- You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing.

To share your information, complete form DR 0104EE and submit it with your return. If you are using software, the software may autofill the form for you, but check it to make sure it is accurate and complete.

Instructions for the DR 0104EE

Section A: Household Contact Information

Complete this information so Connect for Health Colorado can contact you to help you enroll in health coverage. Make sure your name, phone number, email address, and mailing address are correct and complete.

Section B: Household Member and Income Information

Complete this information so Connect for Health Colorado can check if you or members of your household qualify for free or reduced-cost health coverage. Your household includes yourself, your spouse, and everyone you claim as a dependent on your federal income tax return. Dependents are usually children who live with you but may include other relatives you support financially.

Line 1: Enter your tax household size here. Include yourself, your spouse, and everyone you claim as a dependent on your federal income tax return.

Line 2: Enter your adjusted gross income from your federal income tax form 1040, 1040 SR, or 1040 SP, line 11a.



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Line 3: Enter the information about yourself, your spouse, and dependents in the table below. For each person the Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is optional. If your household size is larger than the fields provided, please file electronically.

Note: If you agree to share this information, please complete (or verify) this form to the best of your ability and include it with your tax return. If filing by paper, ensure that it is mailed with your return. If filing electronically through your tax preparer or a software program, this form may be completed using the software. If you do not agree to share this information, please do not complete this form and do not include it with your return.



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DR 0104EE (09/10/25)
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Page 1 of 2

Section A: Household Contact Information

- Last Name
- First Name
- Middle Initial
- Phone Number
- Email Address
- Mailing Address
- City
- State
- ZIP

Section B: Household Member and Income Information

Complete this section with information for all members of your tax household. For purposes of obtaining health coverage, your tax household typically consists of yourself, your spouse, and any person that you claim as a tax dependent on your federal income tax return. For more information about who may be claimed as a tax dependent on your federal income tax return and would be considered a part of your tax household, review IRS Publication 501.

1. Enter your tax household size here. Include yourself, your spouse, and all individuals that you claim as a dependent on your federal income tax return (i.e. a household with spouses filing jointly and one tax dependent child = household size of 3; enter "3" in this field)..... • 1
2. Enter your adjusted gross income from your federal form 1040, 1040 SR, or 1040 SP, line 11a..... • 2

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3. Enter information about **yourself**, your spouse, and all individuals that you claim as a dependent on your federal income tax return in the table below.

• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	
• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	
• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	
• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	
• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	
• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	
• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	
• Last Name	• First Name	• Middle Initial
• Date of Birth	• SSN or ITIN (optional)	

