





Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

---

### Contact Information

- Mailing Address
- City
- Foreign Country (if applicable)
- Phone Number
- State
- ZIP Code

---

### Dependents

If you have more than 5 dependents, you must file electronically.

- |                     |                   |       |              |       |               |                 |
|---------------------|-------------------|-------|--------------|-------|---------------|-----------------|
| <b>Dependent 1:</b> | Child Tax Credit: | • Yes | Deceased:    | • Yes |               |                 |
| • Last Name         |                   |       | • First Name |       | • SSN or ITIN | • Year of Birth |
|                     |                   |       |              |       |               |                 |
| <b>Dependent 2:</b> | Child Tax Credit: | • Yes | Deceased:    | • Yes |               |                 |
| • Last Name         |                   |       | • First Name |       | • SSN or ITIN | • Year of Birth |
|                     |                   |       |              |       |               |                 |
| <b>Dependent 3:</b> | Child Tax Credit: | • Yes | Deceased:    | • Yes |               |                 |
| • Last Name         |                   |       | • First Name |       | • SSN or ITIN | • Year of Birth |
|                     |                   |       |              |       |               |                 |
| <b>Dependent 4:</b> | Child Tax Credit: | • Yes | Deceased:    | • Yes |               |                 |
| • Last Name         |                   |       | • First Name |       | • SSN or ITIN | • Year of Birth |
|                     |                   |       |              |       |               |                 |
| <b>Dependent 5:</b> | Child Tax Credit: | • Yes | Deceased:    | • Yes |               |                 |
| • Last Name         |                   |       | • First Name |       | • SSN or ITIN | • Year of Birth |

This page is required.





Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:

- You are a Colorado resident and 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.

**Round To The Nearest Dollar**

1. Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15 .....	• 1	00
---	-----	----

**Additions to Federal Taxable Income**

2. State and Local Income taxes or general sales taxes claimed on federal form 1040, Schedule A, line 5a. (see instructions) ....	• 2	00
--	-----	----

3. Qualified Business Income Deduction Addback (see instructions) .....	• 3	00
--	-----	----

4. Standard or Itemized Federal Deduction Addback (see instructions) .....	• 4	00
---	-----	----

5. Business meals deducted pursuant to section 274(k) of the Internal Revenue Code .....	• 5	00
---	-----	----

6. Nonqualified CollegeInvest Tuition Savings Account distributions (see instructions) .....	• 6	00
---	-----	----

7. Nonqualified Colorado ABLE Account distributions (see instructions) .....	• 7	00
---	-----	----

8. Other Additions, explain (see instructions) .....	• 8	00
--	-----	----

Explain:

9. Subtotal, sum of lines 1 through 8 .....	9	00
---	---	----

**This page is required.**





Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

**Colorado Subtractions**

- 10. Subtractions from the DR 0104AD Schedule, line 25, you must submit the DR 0104AD schedule with your return ..... • 10 00
- 11. Colorado Taxable Income, subtract line 10 from line 9 ..... • 11 00

**Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule**

- 12. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable ... • 12 00
- 13. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return ..... • 13 00
- 14. Recapture of prior year credits ..... • 14 00
- 15. Subtotal, sum of lines 12 through 14 ..... 15 00
- 16. Nonrefundable Credits from the DR 0104CR line 63, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit the DR 0104CR with your return ..... • 16 00
- 17. Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 26, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit the DR 1366 with your return ..... • 17 00
- 18. Nonrefundable CHIPS Zone Credit from 1370, line 22, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit DR 1370 with your return ..... • 18 00
- 19. Strategic Capital Tax Credit from DR 1330, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit the DR 1330 with your return ..... • 19 00
- 20. Net Income Tax, sum of lines 16, 17, 18, and 19. Subtract that sum from line 15 ..... 20 00
- 21. Colorado Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return ..... • 21 00

This page is required.





Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

**Tax, Prepayments and Credits (continued):**

<b>22.</b> Prior-year Estimated Tax Carryforward .....	<b>• 22</b>	00
<b>23.</b> Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year .....	<b>• 23</b>	00
<b>24.</b> Extension Payment remitted with the DR 0158-I .....	<b>• 24</b>	00
<b>25.</b> Other Prepayments:           • DR 0104BEP           • DR 1079           • 25		00
<b>26.</b> Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return .....	<b>• 26</b>	00
<b>27.</b> Innovative Motor Vehicle and Innovative Truck Credit for a vehicle you purchased or leased from form DR 0617, you must submit the DR 0617(s) with your return .....	<b>• 27</b>	00
<b>28.</b> Refundable Credits from the DR 0104CR line 23, you must submit the DR 0104CR with your return .....	<b>• 28</b>	00
<b>29.</b> Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return .....	<b>• 29</b>	00
<b>30.</b> Subtotal, sum of lines 21 through 29 .....	<b>30</b>	00

**Modified Adjusted Gross Income (AGI) for TABOR Sales Tax Refund**

Lines 31 through 34 are only used to calculate your TABOR amount and do not affect your Colorado tax liability.

<b>31.</b> Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 11 .....	<b>• 31</b>	00
<b>32.</b> Nontaxable Social Security Income .....	<b>• 32</b>	00
<b>33.</b> Nontaxable interest income from state and local bonds .....	<b>• 33</b>	00
<b>34.</b> Sum of lines 31 through 33: Modified AGI for TABOR amount .....	<b>34</b>	00

This page is required.





Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

**Modified AGI Tiers for TABOR State Sales Tax Refund**

If line 34 is:	\$53,000 or less	\$53,001 – \$105,000	\$105,001 – \$166,000	\$166,001 – \$233,000	\$233,001 – \$302,000	\$302,001 or more
Single Filers Enter	\$177	\$240	\$277	\$323	\$350	\$565
Joint Filers Enter	\$354	\$480	\$554	\$646	\$700	\$1,130

**35.** TABOR State Sales Tax Refund: For full-year Colorado residents, born before 2006, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Your return must be postmarked or transmitted by the extension due date. Use the amount on line 34 and reference the table above. .... **• 35**

**36.** Sum of lines 30 and 35 ..... **36**

**37.** Overpayment, if line 36 is greater than line 20 then subtract line 20 from line 36 ..... **37**

**38.** Estimated Tax Credit Carryforward to 2025 first quarter, if any ..... **• 38**

If you have an overpayment on line 39 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

**39.** Refund, subtract line 38 from line 37 ..... **• 39**

**Direct Deposit**

Routing Number

--	--	--	--	--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type:      Checking      Savings      CollegenInvest 529

For questions regarding CollegenInvest direct deposit or to open an account, visit [CollegenInvest.org](http://CollegenInvest.org) or call 800-448-2424.





Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

**40.** Net Tax Due, subtract line 36 from line 20 ..... **40**

00

**41.** Delinquent Payment Penalty (see instructions) ..... **41**

00

**42.** Delinquent Payment Interest (see instructions) ..... **42**

00

**43.** Estimated Tax Penalty, you must submit the DR 0204 with  
your return (see instructions) ..... **43**

00

**44.** Amount You Owe, sum of lines 40 through 43 ..... **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.

**Third Party Designee**

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.

- No
- Yes. Complete the following:

• Designee's Name

• Phone Number





Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

---

**Sign Below**

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct, and complete.

Your Signature

Date (MM/DD/YY)

Spouse's Signature. If joint return, **both** must sign.

Date (MM/DD/YY)

Paid Preparer's Name

Paid Preparer's Phone

Paid Preparer's Address

City

State

ZIP Code

---

**File and Pay**

You may file and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/revenueonline) or

If you are mailing this return **with** a check or payment, please send all eight required pages to:

Colorado Department of Revenue  
Denver, CO 80261-0006

If you are mailing this return **without** a check or payment, please send all eight required pages to:

Colorado Department of Revenue  
Denver, CO 80261-0005

These ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.

