

DR 0105 (09/28/23)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
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2023 Colorado Fiduciary Income Tax Return

(0033)

		Fiscal Year Beginning (MM/DD/23)		Fiscal Ye	ar Ending (I	MM/DD/	/YY)		
Mai	k box here if this is a:								
	• Final R	eturn	n						
Nar	ne of estate or trust				Colorado A	ccount	Numb	er	
					•				
Nar	ne of fiduciary				Federal En	nployer	ID Nur	mber	
<u> </u>					•				
Add	Iress				Date estate	or trust o	created	I (MM/L	DD/YY)
City					State	ZIP			
Oity					Otato	211			
Wit	h respect to the tax year, did or will the estate	e or trust distribute			D	-1 A 11	A	44	
	re than \$1,000 in Colorado-source income to		No			d All			io
ber	neficiaries? (mark one)				tne	Near	est D	ollar	
	Federal taxable income from federal for	m 1041		• 1					0.0
2.	Additions to federal taxable								
	income Explain:			• 2					0.0
	Colorada Mariiyana Dysinaaa Dadyatian	_		2					
	Colorado Marijuana Business Deduction Subtractions from federal	<u> </u>		• 3					0.0
۳.	taxable income Explain:			• 4					00
5.	Net modifications: sum lines 3 and 4. Th	nen subtract that sum from line	2						
•	Use brackets for negative numbers.	ion, castract that sam hom line		5					00
6.	Net modifications allocated to beneficial	ries		• 6					00
7.	Net modifications allocated to the estate	or trust, subtract line 6 from lin	e 5	7					0.0
_									
	Colorado taxable income of the estate of			• 8					00
9 .	Normal Tax, 4.4% of the amount on line								
	tax from Schedule E, line 8. You must seestates or trusts with your return.	ubitiit ochedule E lot nomeside	H	• 9					00
10	Alternative Minimum Tax from Schedule	F line 8 You must submit		• 3					00
"	Schedule F with your return.	T, into o. Tou must submit		• 10					00
	Concadio i with your fotalli.			- 10					
11.	Sum of lines 9 and 10			11					00
	Credits from Schedule G, line 15. You m		ur return	. • 12					00
13.	Non-refundable Enterprise Zone credits								
	DR 1366 line 85. You must submit the D	R 1366 with your return.		• 13					0.0

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Name (Match to primary taxpayer on page	1)	Account Number	
14. Strategic capital tax credit from	DR 1330, you must submit the		
DR 1330 with your return.		• 14	00
45 0 15 40 40 144 75		4=	
15. Sum of lines 12, 13, and 14. Th	is total cannot exceed line 11.	15	0.0
16. Net tax, subtract line 15 from lin	ne 11	16	0.0
17. Estimated tax, extension paymonth	ents. and credits	• 17	0.0
	rom wages, you must submit the W-2s		
and/or 1099s claiming Colorado		• 18	0.0
	vinnings, you must submit each W-2G		
with your return.	"' (• 19	0.0
20. Gross conservation easement of		00	
You must submit the DR 13050	s with your return. Inovative Truck Credit from form DR 0	• 20	00
you must submit each DR 0617		• 21	00
	edit: Use the worksheet in the 105 Bool		00
	opy of assessor's statement with your		00
	Tax Credit from form DR 1366, line 8		
you must submit the DR 1366 v		• 23	00
24. SALT Parity Act Credit (see inst	tructions)	• 24	00
	n employee-owned business model. Yo		
submit the certificate from the O	ffice of Economic Development with you	our return. • 25	0.0
26. Alternative Transportation Option	one Crodit	• 26	00
	assigned to you by the building owne		00
line 8 of DR 1322, which you m		• 27	00
	Storage Systems Credit (assigned to yo		
	R 1307, which you must submit with yo		00
29. Sum of lines 17 through 28		29	0.0
30. Penalty, also include on line 32	if applicable	• 30	0.0
24 Interest also include an line 22	if applicable	. 24	0.0
31. Interest, also include on line 32	han amount on line 29, enter amount	• 31	00
Include amounts, if any, from lin		• 32	
molade amounts, it arry, itom iii	103 00 and 01.	● 32	
33. If line 29 is larger than line 16,	enter overpayment	33	00
,			
34. Overpayment to be credited to	2024 estimated tax	• 34	0.0
35. Overpayment to be refunded		• 35	00



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Name (Match to primary taxpay	ver on page 1)	Account Number	
ranie (materi to primary taxpa)	on page 1)	7.000ant rannot	
Direct	Routing Number	Type: Checking	Savings
Deposit	Account Number		
discuss this return and a	paid preparer entered below to ny related information with the Revenue? See the instructions.	• Yes • No	
	ury in the second degree, that this return is true, co ed on all information of which the preparer has any		owledge and belief.
COLORADO DEPARTMENT	evenueOnline or mail to: If you are filing this re OF REVENUE Denver, CO 80261-0006. If you ODEPARTMENT OF REVENUE Denver, CO 80	are filing this return without a check of	
Signature of fiduciary or officer re	epresenting fiduciary		Date (MM/DD/YY)
Person or firm preparing return			Date (MM/DD/YY)
			<u> </u>

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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Schedules A and B (DR 0105)



Page 4 of 9 Note: If any Income Distribution Deduction was claimed for Federal Tax purposes, this page must be completed and submitted with your return.

name	(Match to p	rimary taxpayer on page 1)		Account Number		
Sched	dule A —	Names and Addresses	of Beneficiaries—Use lines (a)	through (e) for r	resident beneficiaries	
(a)						
(b)						
(6)						
(c)						
(d)						
(e)						
— Use	e lines (f)	through (j) for nonreside	nt beneficiaries			
(f)						
(g)						
(h)						
(i)						
(j)	tulo P	Computation of the charge	of the Colorado fiduciary adjustme	ant The Colorado	a fiducian, adjustment is to be	_
			e fiduciary in proportion to their sha			
		the beneficialies and the	Chara of fadaral distribut	I I I I I I	istributable flet irlooffie.	
Ber	neficiary		Share of federal distributa	able net income		
Ber as per	neficiary schedule A		Share of federal distributa Amount	able net income	Percent	
	neficiary schedule A	\$		able net income		,
(a)	neficiary schedule A	\$		able net income	9/	
(a) (b)	neficiary schedule A	\$		able net income	%	, 0
(a) (b) (c)	neficiary schedule A	\$		able net income	% %	, 0 , 0
(a) (b)	neficiary schedule A	\$		able net income	%	, 0 , 0
(a) (b) (c)	neficiary schedule A	\$		able net income	% %	,0
(a) (b) (c) (d)	neficiary schedule A	\$		able net income	% % %	,0 ,0 ,0
(a) (b) (c) (d) (e)	neficiary schedule A	\$		able net income	% % % %	,0 ,0 ,0
(a) (b) (c) (d) (e) (f)	neficiary schedule A	\$		able net income	% % % %	,0 ,0 ,0 ,0
(a) (b) (c) (d) (e) (f) (g) (h)	neficiary schedule A	\$		able net income	% % % % % % % % % % % % % % % % % % %	,0 ,0 ,0 ,0 ,0
(a) (b) (c) (d) (e) (f) (g) (h)	neficiary schedule A	\$		able net income	9/ 9/ 9/ 9/ 9/ 9/	
(a) (b) (c) (d) (e) (f) (g) (h) (i)				able net income	9/ 9/ 9/ 9/ 9/ 9/	
(a) (b) (c) (d) (e) (f) (g) (h) (i) Subtot	tal	\$		able net income	9/ 9/ 9/ 9/ 9/ 9/ 9/	,00 ,00 ,00 ,00 ,00 ,00
(a) (b) (c) (d) (e) (f) (g) (h) (i)	tal			able net income	9/ 9/ 9/ 9/ 9/ 9/	,00



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chedules C and D (DR 0105) ote: If you utilize either of these schedules, s page must be submitted with your return.					
	Account Number				

Name (Match to primary taxpayer or	n page 1)					Α	ccount	Number				
Schedule C—Computation of the percentage of federal distributable net income from Colorado sources for use in Schedule D, columns 7 and 8, in determining the modified federal income reportable to Colorado by nonresident beneficiaries.												
		1. Per Ap	oplic	able	Federal Fo	orr	m	2.	Froi	m Colorado Sou	rces	
1. Dividends		\$						\$				
2. Interest (Include exempt in	terest)											
3. Partnership/Fiduciary incor	me											
4. Net rents and royalties												
5. Net profit (loss) business												
6. Other income												_
7. Total lines 1 through 6		\$						\$				
8. Expenses												
9. Federal distributable net inc	come	\$						\$				_
Percent of federal distributable (Divide line 9, column 2 by line			ado	sour	ces:						(%
·				/ITINI-	. Income	-	/ a al : £:		۱ اه ما	Alith hadding		/0
Schedule D—Beneficiaries 3 ■ 1. Resident Beneficiary's SSN or ITIN		al Fiduciary In								Fiduciary Adjus	tment	
(a)	\$							%	\$			
(b)	\$					%	\$					
(c)	\$							%	\$			
(d)	\$							%	\$			
(e)	\$							%	¢			
• 5. Nonresident Beneficiary's SSN or ITIN			;		nedule C rcentage					• 9. Colorado Required Column 8	4.4% of	ng
(f)	\$				9,	%	\$			\$	(00
(g)	\$				9	%	\$			\$	(00
(h)	\$				9,	%	\$			\$	(00
(i)	\$				9,	%	\$			\$	(00
(i)	\$				0	ا _%	\$			\$	(nη



DR 0105 line 9

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Schedule E (DR 0105)

Note: If you utilize this schedule, this page must be submitted with your return.

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Name (Match to primary taxpayer on page 1) Account Number Schedule E—Part-Year Resident/Nonresident Estate or Trust Apportionment Schedule Federal Column Colorado Column **1.** Income, specify type: 0 0 00 0 0 00 0 0 00 00 00 0 0 00 00 00 **Total Income** • 1 00 00 2. Deductions, specify: 00 00 00 00 00 00 00 00 0 0 00 00 00 **Total Deductions** 2 00 00 3. Taxable income, subtract line 2 from line 1 • 3 0 0 00 Modifications from DR 0105 line 7 • 4 0 0 00 5. Modified taxable income, sum of lines 3 and 4 • 5 00 00 6. Amount on line 5, Colorado Column divided by amount on line 5, Federal Column 6 % 7. 4.4% of the amount on DR 0105 line 8 7 00 8. Amount on line 7 multiplied by percentage on line 6, enter here and on the





Enter here and on DR 0105 line 10

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Schedule F (DR 0105)

Note: If you utilize this schedule, this page must be submitted with your return.

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Name (Match to primary taxpayer on page 1) Account Number Schedule F—Fiduciary Alternative Minimum Tax Computation Schedule Federal Column Colorado Column 1. Fiduciary's share of federal alternative taxable income minus federal AMT exemption 0 0 00 1 2. Modifications from DR 0105 line 7 2 00 00 3. Sum of lines 1 and 2 3 00 00 **4.** 3.47% of the amount on line 3, federal column 4 00 **5. Part-year/Nonresident estate or trust only**, amount on line 3, Colorado column divided by amount on line 3, federal column 5 % 6. Part-year/Nonresident estate or trust only, amount on line 4 multiplied by percentage on line 5 6 00 7 7. Enter normal tax from DR 0105 line 9 00 8. Resident estate or trust enter amount by which line 4 is greater than line 7.

Nonresident estate or trust enter amount by which line 6 is greater than line 7.



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Schedule G (DR 0105)

Note: If you utilize this schedule, both pages must be submitted with your return.

Name (Match to primary taxpayer on page 1) Account Number Schedule G—Fiduciary Credit Schedule 1. Credit for Tax Paid to Another State - Submit a copy of the relevant pages of each state's tax return when claiming this credit. Such pages must include the adjusted gross income calculation, any disallowed federal deductions and the tax calculation for each state. Compute a separate credit for each state. The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return. (a) Name of other state • (a) (b) Total tax from the DR 0105 line 11 00 (b) (c) Modified federal taxable income from sources in the other state 00 • (c) (d) Total modified federal taxable income 00 • (d) (e) Amount on line 1(c) divided by amount on line 1(d) % (e) **(f)** Amount on line 1(b) multiplied by percentage on line 1(e) (f) 00 (g) Tax liability to other state 00 • (g) **(h)** Allowable credit the smaller of lines 1(f) or line 1(g) (h) 00 Dual Resident Trust Credit for the state of: Attach a copy of the tax return filed with the other state. (a) Colorado tax on income subject to tax in both states (a) 00 (b) Other state's effective tax rate • (b) % (c) Total of both states' tax rates, line 2(b) plus 4.4% (c) % (d) Percentage of credit, line 2(b) divided by line 2(c) (d) % (e) Total credit, line 2(a) multiplied by percentage on line 2(d) (e) 00 3. Credit for prior year alternative minimum tax. See instructions 00 Subtotal of Credits unavailable for carryforward. Add lines 1(h), 2(e), and 3. 00 • Column A - Credit Available • Column B - Credit Used Credit for Remediation of Contaminated Land, you must submit the DR 0349 with your return 00 • 5 00 **6.** Preservation of Historic Structures credit (per §39-22- 514.5, C.R.S.) carried forward 00 from a prior year. • 6 00 Preservation of Historic Structures credit per §39-22-514.5, C.R.S., (attach certificate from Office of Economic Development or local granting authority) • 7 00 00 If you are claiming the Preservation of Historic Structures credit, enter your credit certificate number issued by OEDIT or History Colorado. • 8



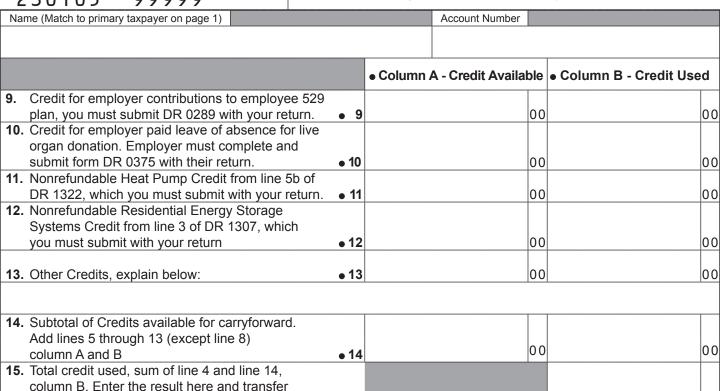
that amount to the DR 0105 line 12.

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Schedule G (DR 0105) (cont'd)

Note: If you utilize this schedule, both pages must be submitted with your return.

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File and pay at: Colorado.gov/RevenueOnline

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If you are filing this return with a check or payment, please mail the return to:	If you are filing this return without a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 6	COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000 5
·	sive to the Colorado Department of Revenue,