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. The employee must be the account owner. **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 the 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 DR 0289 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.

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● Employer Last Name or Legal Entity Name	● First Name	● Middle Initial	● FEIN/SSN/ITIN

● Employer/Contributor Address	● City	● State	● ZIP

		Available	**Used**
1.	Carryforward available from prior year ●		
2.	Current year credit available, the sum of all employer tax credits generated ●		
3.	Total credit available to be used in the current year, sum of lines 1 and 2		
4.	Credit used to offset current year tax liability, enter here and on the appropriate form and line number indicated in the table below. ●		
5.	Carryforward credit to next tax year, line 3 minus line 4		

By claiming this credit, I declare that to the best of my knowledge and belief, this form is true, correct, and complete.

Signature	Date (MM/DD/YY)

Form	Form Title	Line	Form	Form Title	Line
DR 0104CR	Individual Credit Schedule	54A	DR 0106CR	Colorado Partnership and S Corporation Credit Schedule	21A
DR 0105	Schedule G (DR 0105)	9A	DR 0112CR	Credit Schedule for Corporations	21A

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A

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

B

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

C

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

D

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

E

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

F

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

G

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

H

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

I

● Employee/Account Owner Last Name		● First Name		● Middle Initial

● SSN or ITIN	● Filing Period (MM/DD/YY)	● Amount of Contribution	● Tax Credit*

*20% of the contribution up to $500. Enter the sum of these boxes on page 1, on line 2.