

## **Annual Transmittal of State W-2 Forms (DR 1093)**

#### Instructions

The DR 1093 Annual Transmittal of State W-2 Forms should be filed in January for withholding taxes reported on W-2s for the prior calendar year.

If you are filing an amended return you are required to mark the amended Return box. A separate amended return must be filed for each year. The amended return must show the tax column as corrected, not merely the difference(s). The amended return will replace the original return in its entirety.

Most entities are required to file an Annual Withholding Transmittal. Attach this form to the total withholding statements (W-2s) that were furnished to each payee.

- If you use the electronic method for filing your W-2s (Revenue Online, <u>www.Colorado.gov/RevenueOnline</u>) submit this form if an amount appears on 3A or 3B. Mail this form to the address shown below.
- If you file paper W-2 statements, you must always attach this form before submitting documents.
- You must also provide to each Colorado resident employee the Notice of Federal and State Refundable Tax Credits (DR 0995).

#### **Due Date**

- Active (Open) Accounts This form must be postmarked on or before the last day in January following the end of the year in which withholdings were made.
- Inactive (Closed) Accounts This form must be postmarked within thirty (30) days of the business closure.

Should either due date fall on a weekend or holiday, it will be extended to the next business day.

### **Completing the Transmittal Form**

- **Line 1** Enter the total amount of state withholding withheld from all Colorado employees per W-2s.
- Line 2 Enter the total Colorado withholding payments you remitted. Do not include penalty and/or interest you paid.
- Line 3 If amount on lines 1 and 2 are the same, enter a zero on line 6.
- **Line 3A** Additional Tax If line 1 is greater than line 2, complete lines 3A, 4, 5, and 6. Penalty and interest will be calculated automatically when there is a balance due.
- **Line 3B** Overpayment If line 2 is greater than line 1, complete line 3B. Do not enter amount on line 6. A tax refund will be issued automatically upon processing if form is filed timely, a review is not required, and there are no outstanding delinquencies on the account.
- **Line 4 Penalty** Enter 5% (.05) of tax due or \$5, whichever amount is greater, for any payment made after the due date, add 1/2% (.005) additional penalty for each additional month you are late up to a maximum of 12% of the tax due. The minimum late filing penalty is \$5.
- Line 5 Interest Enter the interest computed on the balance of the tax due if you are filing this return after the due date. Interest is due at the current statutory rate of .3333% (.003333) for each monthly payment received after the due date.



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**Line 6** Additional Balance Paid – If line 1 is greater than line 2, add lines 3A, 4 and 5. If lines 1 and 2 are equal, enter 0 (zero).

Mail to and make checks payable to: Colorado Department of Revenue, Denver CO 80261-0009

## For your records

Filing period

1.	Colorado income tax withheld per W-2s
2.	Colorado income tax withheld and paid
3.	A. Balance Due
	or
	B. Overpayment.
4.	Penalty (see instructions)
5.	Interest (see instructions)
6.	Additional Balance Paid\$



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# **Colorado Department of Revenue Annual Transmittal of State W-2 Forms**

SSN 1		SSN 2				
FEIN		Account Number				
I LIIV		Account Number				
Last Name or Business Na	ame	First Name			M	liddle Initial
Address						
City				State	ZIP	
		D D / (444)DD000				
Period (MM/YY – MM/YY)		Due Date (MM/DD/YY)				
	-					
Number of W-2s Attached		Phone Number				
Mark here if this is an	Amended Return ●	Paid by Electronically			1000-130	)
1. Total Colorado inco	ome taxes withheld per W-2 for	ms attached.				•
			<u> </u>	(890)		
2. Total Colorado inco	ome taxes remitted for the perio	od indicated above.				
				(100)		
2 A Balance Due II	fling 1 is more than line 2, anter s	difference and (and instructions)				
3. A. Dalance Due	f line 1 is more than line 2, enter o	amerence and (see instructions)	-	(415)		•
				· /		
B. Overpayment	If line 2 is more than line 1, enter	the difference and (see instruction		(222)		
			<u>                                     </u>	(200)		
4. Penalty (see instru	uctions)					•
				(300)		
5. Interest (see instru	uctions)					
o. medicae (acc matri	dottorioj			(355)		•
	B. 11 A 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	ce Paid Add lines 3A, 4 and 5	tion. Your bank account may be debited as ea	rly as the san	ne day rece	eived by the State	• If converted
your check will not be returned bank account electronically.	I. If your check is rejected due to insufficient	or uncollected funds, the Department of Reve	nue may colle	ect the pay	ment amount direc	ctly from your
		-2 forms and any payment due		to:		
Signed under		t of Revenue, Denver, CO 8026	1-0009			
Signed under penalty of perjury in the second degree.  Signature Date			Date (N	(MM/DD/YY)		
_			ì			<b>-</b>