



190104 19999

DR 0104 (10/07/19)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

(0013)

2019 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) Mark if Abroad on due date – see instructions

*Must include DR 0104PN

Your Last Name		Your First Name		Middle Initial
Date of Birth (MM/DD/YYYY)		SSN or ITIN	Deceased <input type="checkbox"/>	
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)		Spouse's SSN or ITIN	Deceased <input type="checkbox"/>	
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
City	State	Zip Code	Foreign Country (if applicable)	

Round To The Nearest Dollar

1. Enter Federal Taxable Income from your federal income tax form: 1040 line 11b or 1040 SR line 11b ● 1 00

Include W-2s and 1099s with CO withholding.

Additions to Federal Taxable Income

2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions) ● 2 00

3. Other Additions, explain (see instructions) ● 3 00

Explain:



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Name	SSN or ITIN
4. Subtotal, sum of lines 1 through 3	4 00
Colorado Subtractions	
5. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 5 00
6. Colorado Taxable Income, subtract line 5 from line 4	• 6 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule	
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 7 00
8. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 8 00
9. Recapture of prior year credits	• 9 00
10. Subtotal, sum of lines 7 through 9	10 00
11. Nonrefundable Credits from the DR 0104CR line 41, the sum of lines 11, 12, and 13 cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11 00
12. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 11, 12, and 13 cannot exceed line 10, you must submit the DR 1366 with your return.	• 12 00
13. Strategic Capital Tax Credit from DR 1330, the sum of lines 11, 12, and 13 cannot exceed line 10, you must submit the DR 1330 with your return.	• 13 00
14. Net Income Tax, sum of lines 11, 12, and 13. Subtract that sum from line 10.	14 00
15. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 15 00
16. Net Colorado Tax, sum of lines 14 and 15	16 00
17. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 17 00
18. Prior-year Estimated Tax Carryforward	• 18 00
19. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 19 00
20. Extension Payment remitted with the DR 0158-I	• 20 00
21. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079	• 21 00
22. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 22 00
23. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 23 00
24. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.	• 24 00
25. Subtotal, sum of lines 17 through 24	25 00





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Name		SSN or ITIN	
Third Party Designee			
Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? • <input type="checkbox"/> No • <input type="checkbox"/> Yes. Complete the following:			
Designee's Name		Phone Number	
•		•	
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

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

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

