

(0013)

2018 Colorado Individual Income Tax Return

Your Last Name		Your Firs	t Name			- ,-	*	Middle Initia
					JOEL			
Date of Birth (MM/DD/YYYY)	SSN	Decease	d				refund, you your return.	must
Enter the following informa driver license or state ident		State of I	ssue CO				Date of Issuan	ce
If Joint, Spouse's Last Name		Spouse's	First N	ame				Middle Initia
Enter the following informaticurrent driver license or sta	tion from your spouse's		of Issue	subm	it the DR 01	02 with	refund, you your return. Date of Issuan	
Mailing Address						Pho	ne Number ;	<u></u>
City			State	Zip Code	·	Foreign (30: Country (if appli	cable)
			co					
1. Enter Federal Taxable In	ncome from your federal i	ncome ta	x form	: 1040 liı	ne 10 • 1		Round To Th	25170 0 (
Attach W-2s and 1099s with		:						
Additions to Federal Taxal				deral for	·m			5178



DR 0104 (09/17/18) COLORADO DEPARTMENT OF REVENUE Colorado.gov/Tax

Name /	SSN	
JOEL	59	
4. Subtotal, sum of lines 1 through 3	30348	0
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the		10'
DR 0104AD schedule with your return.	26324	0
DR 0104AD Schedule With your retain.		+
6. Colorado Taxable Income, subtract line 5 from line 4 6	4024	0
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonres	sidents use DR 0104PN	
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit		Τ
the DR 0104PN with your return if applicable. • 7	188	0
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the		1
DR 0104AMT with your return.	0	0
	0	Т
9. Recapture of prior year credits • 9	O O	0
	188	
10. Subtotal, sum of lines 7 through 9	0	0
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12	. 0	
cannot exceed line 10, you must submit the DR 0104CR with your return. • 11	<u> </u>	0
12. Total Nonrefundable Enterprise Zone credits used – as calculated,		
or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10,	n.	
you must submit the DR 1366 with your return. • 12	0	0
*	188	
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	3 100	0
14. Use Tax reported on the DR 0104US schedule line 7, you must submit	0	
the DR 0104US with your return.	4	0
AB NU CONTRACTOR CONSTITUTE ACCOUNT AC	188	
15. Net Colorado Tax, sum of lines 13 and 14	5	0
16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s	5178	0
and/or 1099s claiming Colorado withholding with your return. • 10	0	10.
17. Prier-year Estimated Tax Carryforward : • 17	7 0	0
18. Estimated Tax Payments, enter the sum of the quarterly payments		Т
remitted for this tax year	0	0
Torrintod for this tax your		1
19. Extension Payment remitted with the DR 0158-I	9 0	0
		Ť
20. Other Prepayments:	0	
		0
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must		T
submit the DR 1305G with your return. • 2	0	0
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each		Т
DR 0617 with your return.	2	0
23. Refundable Credits from the DR 0104CR line 8, you must submit the	0	T
DR 0104CR with your return. • 2	3	0
•	5179	
24. Subtotal, sum of lines 16 through 23 2	5178	0
	52828	
25. Federal Adjusted Gross Income from your federal income tax form: 1040 line 7 • 2	5 32328	0
	4990	
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	6	10
	0	
27. Estimated Tax Credit Carryforward to 2019 first quarter, if any	7	0



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Name			SSN	£", 15"
JOEL			5	5
28. Voluntary Contributions elected on the DR 01 submit the DR 0104CH with your return.	04CH schedule line	e 21, you must ● 28	0	0.0
29. Subtotal, add lines 27 and 28		29	0	0.0
30. Refund, subtract line 29 from line 26 (see inst	ructions)	• 30	499	90 00
Direct Routing Number	Туре:	Checking	Savings	Collegelnvest 529
Deposit Account Number				
For questions regarding CollegeInvest direct de	posit or to open an ac	count, visit CollegeInv	est.org or call 800)-448-2424.
31. Net Tax Due, subtract line 24 from line 15, the	en add line 28	31		0 0 0
32. Delinquent Payment Penalty (see instructions	s)	• 32		0 0 0
33. Delinquent Payment Interest (see instructions	;)	• 33		0 0 0
34. Estimated Tax Penalty, you must submit the E (see instructions)	OR 0204 with your re			00 0 0
35. Amount You Owe, sum of lines 31 through 34		• 35		
The State may convert your check to a one-time electronic banking transaction. not be returned. If your check is rejected due to insufficient or uncollected funds	Your bank account may be deb , the Department of Revenue m	ited as early as the same day re ay collect the payment amount o	ceived by the State, if co lirectly from your bank ac	nverted, your check will count electronically.
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?	• 🔀 No •	Yes. Comple	ete the following	:
Designee's Name	Phone Nu	ımber	<u>-</u>	
	•			
Sign Below Under penalties of perjury, I declare that to the	e best of my knowledge a	and belief, this return is tru	ie, correct and com	plete.
Your Signature	 	·	Date (M	M/DD/YY)
Spouse's Signature. If joint return, BOTH must sign.			Date (M	M/DD/YY)
Paid Preparer's Name		• • • • • • • • • • • • • • • • • • • •	Paid Preparer's Ph	none [
Paid Preparer's Address	City		State Zip	

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.



DR 0104AD (09/17/18)
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2018 DR 0104AD - Subtractions from Income Schedule If claiming a subtraction, you must submit this schedule with your return.

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name Description of the second	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	* SSN Property
Subtractions from Federal Taxable Income			
State Income Tax Refund from federal income	tax form 1040. Schedule 1 line 1	10. • 1	0 00
2. U.S. Government Interest		• 2	0 00
	Deceased SSN		
3. Primary Taxpayer Pension/Annuity Income		• 3	20000 0 0
	Deceased SSN		
4. Spouse Pension/Annuity Income		• 4	6324 0 0
5. Colorado Capital Gain Subtraction		• 5	0 00
C. Calla malayarat Constitution	Owner's SSN		
CollegeInvest Contribution: (see instructions)		• 6	0 0
● Total Contribution	Owner's Name		المستعر مجاوية بالمستعرب المستعرب المستعرب المستعرب
	Total Contribution		
7. Qualifying Charitable Contribution	\$	• 7	0 0 0
8. Qualified Reservation Income		• 8	0 00
9. PERA/DPSRS Subtraction, for PERA contrib	utions made in 1984-1986 or		0
DPSRS contributions made in 1986		• 9	00
10. Railroad Benefit Subtraction		• 10	0 0 0
11. Wildfire Mitigation Measures Subtraction		• 11	0 0 0
12. Colorado Marijuana Business Deduction	on •	12	0 00
13. Non-Resident Disaster Relief Worker S		13	0 0 0



DR 0104AD (09/17/18)
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Name .		5. V	SSN		* * * * *
14. Reacquisition of Colorado Residency During	Active		<u> </u>		_
Duty Military Service Subtraction		• 14		0	0
15. Agricultural Asset Lease Deduction.	CADA Certificate Number				
Enter CADA certificate number and submit				o	
a copy of your certificate with your return		• 15		U	0
First Time Home Buyer Savings Account Inte	rest Deduction, you must submi	1		0	
the DR 0350 with your return		• 16			0
IT Office Out for the contract of the contract)		o	_
17. Other Subtractions, explain below		• 17			0
Explain		<u> </u>		· · · · · · · · · · · · · · · · · · ·	_
					•
8. Subtotal, add lines 1 through 17, transfer the	amount to line 5			20204	-
on the DR 0104		• 18		26324	0

DR 0084 (08/30/13)

Employer's name, address and ZIP Code:



State of Colorado

Substitute Colorado W-2 Form

See Form Below

Photocopy for your records.

SUITE 400, LOS ANGELES, CA 90056	SUBSTITUTE COLORADO W-2 FORM Department of Revenue Denver, CO 80261-0005					
	i cociai Employer o identificadori ito.			Employer's Colorado Identification No.		
Employee's Social Security No.	DATES OF EMPLOYMENT					
58	FROM				TO	
Employee's name (first, middle, last):	Month (MM) 09				Year (YYYY) 2018	
Employee's address and ZIP Code:		COLO. INCOME TAX WITHHELD, if any HELD, if any 4300.00			TOTAL WAGES (before payroll deductions)	
, 00 00	1333.00			00.00	0.00	
NOTE: If taxpayer was employed by more than one employer, a separate	statement covering ea	ch employn	nent and	the amount of ta	x withheld must be filed.	
How did you determine the amounts listed above? The amounts listed under "Wages" on the W-2 the payer as "Wages" as defined in IRC sections 3401(a) and 3121 Give reason why Form W-2, or the Statement of Corrected Incorporation. Explain your efforts to obtain the required information. Question 1. Unknown. Question 2. None.	(a).					
I declare, under penalty of perjury in the second degree, that th	e statements made	herein are	true to t	he best of my l	knowledge and belief.	
Signature:					Date: (мм/DD/YY)	

DR 0084 (08/30/13)

Employer's name, address and ZIP Code:



State of Colorado

Substitute Colorado W-2 Form

See Form Below

Photocopy for your records.

GLEBE RD, VA 22201	SUBSTITUTE COLORADO W-2 FORM Dept FOR INCOME TAX WITHHELD					
	Federal Employer's Ide	ntification No.	Employer's Colorado Identification No.			
			0087	0087		
Employee's Social Security No.						
550	FROM			ТО		
Employee's name (first, middle, last): Joel Target	Month (мм) 04	Year (1777) 2017	Month (MM) 09	Year (1777) 2018		
Employee's address and ZIP Code:			NCOME TAX WITH- ELD, if any	TOTAL WAGES (before payroll deductions)		
n, CO 801	● 3845.00	· · · · · · · · · · · · · · · · · · ·		0.00		
NOTE: If taxpayer was employed by more than one employer, a separate	statement covering e	ach employment an	d the amount of ta	x withheld must be filed.		
How did you determine the amounts listed above? The amounts listed under "Wages" on the W-2 the payer as "Wages" as defined in IRC sections 3401(a) and 3121	(a).					
Give reason why Form W-2, or the Statement of Corrected Incommon. Explain your efforts to obtain the required information.	me and Tax Amount	s was not furnish	ed by your empl	oyer (or the payer), if		
Question 1. unknown. Question 2. none.						
I declare, under penalty of perjury in the second degree, that th	e statements made	herein are true to	the best of my l	knowledge and belief.		
Signature:				Date: (MM/DD/YY)		