



180104 19999

DR 0104 (09/17/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax
(0013)

2018 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 attach DR 0104PN

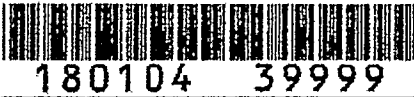
Your Last Name Gilmore		Your First Name Justin		Middle Initial R
Date of Birth (MM/DD/YYYY)	SSN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
If Joint, Spouse's Last Name ' Osnain		Spouse's First Name Brianna		Middle Initial C
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	Deceased <input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return.		
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)	
	CO	80013		
Round To The Next Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 10 • 1				0 00
Attach W-2s and 1099s with CO withholding here. ◀				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5a (see instructions) • 2				0 00
3. Other Additions, explain (see instructions) • 3				0 00
Explain:				



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Name	SSN
Gilmore	607207505
4. Subtotal, sum of lines 1 through 3	4 0 00
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return.	5 0 00
6. Colorado Taxable Income, subtract line 5 from line 4	6 0 00
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents use DR 0104PN	
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	7 0 00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with your return.	8 0 00
9. Recapture of prior year credits	9 0 00
10. Subtotal, sum of lines 7 through 9	10 0 00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 0104CR with your return.	11 0 00
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, you must submit the DR 1366 with your return.	12 0 00
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	13 0 00
14. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	14 0 00
15. Net Colorado Tax, sum of lines 13 and 14	15 0 00
16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	16 658 00
17. Prior-year Estimated Tax Carryforward	17 0 00
18. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	18 0 00
19. Extension Payment remitted with the DR 0158-I	19 0 00
20. Other Prepayments: <input type="checkbox"/> DR 0104BEP <input type="checkbox"/> DR 0108 <input type="checkbox"/> DR 1079	20 0 00
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	21 0 00
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	22 0 00
23. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.	23 0 00
24. Subtotal, sum of lines 16 through 23	24 658 00
25. Federal Adjusted Gross Income from your federal income tax form: 1040 line 7	25 0 00
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	26 658 00
27. Estimated Tax Credit Carryforward to 2019 first quarter, if any	27 0 00



Name		SSN
Gilmore		607207505
28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must submit the DR 0104CH with your return.	• 28	00
29. Subtotal, add lines 27 and 28	29	0 00
30. Refund, subtract line 29 from line 26 (see instructions)	• 30	658 00
Direct Deposit Routing Number _____ Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> ColleagueInvest 529 Account Number _____		
For questions regarding ColleagueInvest direct deposit or to open an account, visit ColleagueInvest.org or call 800-448-2424.		
31. Net Tax Due, subtract line 24 from line 15, then add line 28	31	0 00
32. Delinquent Payment Penalty (see instructions)	• 32	00
33. Delinquent Payment Interest (see instructions)	• 33	00
34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 34	0 00
35. Amount You Owe, sum of lines 31 through 34	• 35	0
<small>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.</small>		
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 checked="" 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)	
	04/09/19	
Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)	
	04/09/19	
Paid Preparer's Name	Paid Preparer's Phone	
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.

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040X.

▶ Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return
Brianna C Gilmore

2 Your social security number
[REDACTED]

3 Address
[REDACTED] CO 80013-3748

4 Enter year in space provided and check one box. For the tax year ending December 31, 2018,
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
American Family Mutual Insurance Company, S. I. 6000 American Parkway Madison, WI 53783-0001

6 Employer's or payer's TIN (if known)
39-0273710

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	658
b Social security wages	0	(Name of state)	CO
c Medicare wages and tips	0	g Local income tax withheld	0
d Social security tips	0	(Name of locality)	
e Federal income tax withheld	444.85	h Social security tax withheld	3532.09
		i Medicare tax withheld	826.05

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	(Name of state)	
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	
e Capital gain (included in line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
Party identified as "Payer" in box c provided a w-2 which erroneously alleged payment of IRC section 3121 and 3401 transactions in line 7(a) is hereby disputed. I deny that said Payer and I had any IRC section 3121 and 3401 transactions in 2018.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
none

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You also must provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.

Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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1 Name(s) shown on return Justin R Gilmore		2 Your social security number [REDACTED]	
3 Address [REDACTED] O 80013-3748			
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2018</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
5 Employer's or payer's name, address, and ZIP code Echosphere LLC 9601 S Meridian Blvd Englewood CO 80112		6 Employer's or payer's TIN (if known) 84-0833457	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation <u>0</u>	f State income tax withheld <u>0</u>		
b Social security wages <u>0</u>	(Name of state) <u>CO</u>		
c Medicare wages and tips <u>0</u>	g Local income tax withheld <u>0</u>		
d Social security tips <u>0</u>	(Name of locality) _____		
e Federal income tax withheld <u>0</u>	h Social security tax withheld <u>4983.15</u>		
	i Medicare tax withheld <u>1185.41</u>		
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution _____	f Federal income tax withheld _____		
b Taxable amount _____	g State income tax withheld _____		
c Taxable amount not determined <input type="checkbox"/>	(Name of state) _____		
d Total distribution _____	h Local income tax withheld _____		
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