

FORM 104 (10/29/12) Web
 COLORADO DEPARTMENT OF REVENUE
 Denver, CO 80261-0005

COLORADO

Individual Income Tax Form 104

(0013)
2012
 - or -

Select Residency Status

- Full-Year Part-Year or Nonresident (or resident, part-year, nonresident combination)
- Mark if Abroad on due date - see page 21

Fiscal Year Ending
 _____, 20____

| Last Name | First Name And Initial | Deceased | Date of Birth | Social Security Number |
|------------------|------------------------|------------------------------|---------------------------------|-------------------------|
| Primary | | <input type="checkbox"/> Yes | MM DD YYYY | |
| Spouse, if joint | | <input type="checkbox"/> Yes | | |
| Mailing Address | | | | Telephone Number () |
| City | State | ZIP Code | Foreign Country (if applicable) | |

Round To The Next Dollar

| | | | |
|--|--|------|----|
| 1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6; 1040A line 27; 1040 line 43 | ● 1 | | 00 |
| Additions | | | |
| 2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions) | ● 2 | | 00 |
| 3. Other Additions, explain (see instructions) | ● 3 | | 00 |
| 4. Subtotal, add lines 1 through 3 | 4 | | 00 |
| Subtractions | | | |
| 5. State Income Tax Refund from federal income tax form: enter \$0 if filing 1040EZ or 1040A; 1040 line 10 | ● 5 | | 00 |
| 6. U.S. Government Interest | ● 6 | | 00 |
| 7. Primary Taxpayer Pension/Annuity income Deceased SSN: [] [] [] [] [] [] [] [] [] [] | ● 7 | | 00 |
| 8. Spouse Pension/Annuity income Deceased SSN: [] [] [] [] [] [] [] [] [] [] | ● 8 | | 00 |
| 9. Colorado Source Capital Gain; 5-year assets acquired on or after 5/9/1994 | ● 9 | | 00 |
| 10. Tuition Program Contribution: (see instructions) ● Total Contribution \$ _____ | ● 10 | | 00 |
| ● Owner's Name _____ ● Owner's SSN [] [] [] [] [] [] [] [] [] [] | | | |
| 11. Qualifying Charitable Contribution ● Total Contributions \$ _____ | ● 11 | | 00 |
| 12. Qualified Reservation Income | ● 12 | | 00 |
| 13. PERA/DPSRS Subtraction, for PERA contributions made in 1984-1986 or DPSRS contributions made in 1986 | ● 13 | | 00 |
| 14. Railroad Benefit Subtraction, tier I or II only | ● 14 | | 00 |
| 15. Wildfire Mitigation Measures Subtraction | ● 15 | | 00 |
| 16. Other Subtractions, explain (see instructions) _____ | ● 16 | | 00 |
| 17. Subtotal, add lines 5 through 16 | 17 | | 00 |
| 18. Colorado Taxable Income, line 4 minus line 17 | ● 18 | | 00 |
| Tax, Prepayments and Credits: full-year residents turn to page 17 and part-year and nonresidents go to 104PN | | | |
| Staple W-2s and 1099s here. Use only for line 25. | 19. Colorado Tax from tax table or 104PN line 36 | ● 19 | 00 |
| | 20. Alternative Minimum Tax from Form 104AMT | ● 20 | 00 |
| | 21. Recapture of prior year credits | ● 21 | 00 |
| | 22. Subtotal, add lines 19 through 21 | 22 | 00 |
| | 23. Nonrefundable Credits from 104CR line 49, cannot exceed the sum of lines 19 and 20 | ● 23 | 00 |
| | 24. Net Tax, subtract line 23 from line 22 | 24 | 00 |
| | 25. CO Income Tax Withheld from W-2s and 1099s. Staple only if line 25 is greater than \$0. | ● 25 | 00 |
| | 26. Estimated Tax, enter the sum of payments and credits and amounts withheld from nonresident real estate sales and partnership/S corp/fiduciary income | ● 26 | 00 |
| | 27. Refundable Credits from 104CR line 9 | ● 27 | 00 |
| | 28. Subtotal, add lines 25 through 27 | 28 | 00 |
| 29. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37 | ● 29 | 00 | |
| 30. Overpayment, if line 28 is greater than 24 then subtract line 24 from line 28 | 30 | 00 | |

| | | |
|--|------|----|
| 31. Estimated Tax Credit Carry Forward to 2013 first quarter, if any | ● 31 | 00 |
| Voluntary Contributions enter your donation amount, if any: | | |
| 32. Nongame and Endangered Wildlife Cash Fund | ● 32 | 00 |
| 33. Colorado Domestic Abuse Program Fund | ● 33 | 00 |
| 34. Homeless Prevention Activities Program Fund | ● 34 | 00 |
| 35. Western Slope Military Veterans Cemetery Fund | ● 35 | 00 |
| 36. Pet Overpopulation Fund | ● 36 | 00 |
| 37. Colorado Healthy Rivers Fund | ● 37 | 00 |
| 38. Alzheimer's Association Fund | ● 38 | 00 |
| 39. Military Family Relief Fund | ● 39 | 00 |
| 40. Colorado Cancer Fund | ● 40 | 00 |
| 41. Make-A-Wish Foundation of Colorado Fund | ● 41 | 00 |
| 42. Colorado 2-1-1 First Call for Help Fund | ● 42 | 00 |
| 43. Unwanted Horse Fund | ● 43 | 00 |
| 44. Goodwill Industries Fund | ● 44 | 00 |
| 45. Families in Action for Mental Health Fund | ● 45 | 00 |
| 46. Colorado Multiple Sclerosis Fund | ● 46 | 00 |
| 47. Subtotal, add lines 31 through 46 | 47 | 00 |
| 48. Refund, subtract line 47 from line 30 (see page 10) | ● 48 | 00 |

File using Revenue Online and enter Direct Deposit information to get your refund in half the time!



Routing number Type: Checking Savings

Account number

Amount You Owe

| | | |
|--|------|----|
| 49. Net Tax Due, subtract line 28 from line 24 (include the subtotal from line 47) | 49 | 00 |
| 50. Delinquent Payment Penalty (see instructions) | ● 50 | 00 |
| 51. Delinquent Payment Interest (see instructions) | ● 51 | 00 |
| 52. Estimated Tax Penalty (see instructions) | ● 52 | 00 |
| 53. Amount You Owe, add lines 49, 50, 51 and 52 | ● 53 | 00 |



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.

Pay online at www.Colorado.gov/RevenueOnline or see instructions for other payment options.

We strongly recommend that you file using Revenue Online or another electronic method. If you cannot e-file, mail to: Colorado Department of Revenue, Denver CO 80261-0005

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?

Yes. Complete the following No

| | |
|-----------------|------------------|
| Designee's Name | Telephone 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 | |
| Spouse Signature. If joint return, BOTH must sign. | Date | |
| Paid Preparer's Name | Paid Preparer's Address | Paid Preparer's Telephone |
| | | () |