SUBSTITUTE COLORADO W-2 FORM

See Form Below



MAKE A COPY FOR YOUR RECORDS MAIL COMPLETED FORM WITH PAYMENT TO THE COLORADO DEPARTMENT OF REVENUE

DR 0084 WEB (04/22/04)

Employer's name, address and ZIP Code:	SUBSTITUTE COLORADO W-2 FORM FOR INCOME TAX WITHHELD			State of Colorado Department of Revenue Denver, CO 80261-0005	
Federal Employer's Identification No. ■		Employer's Colorado Identification No.			
Employee's Social Security No.	DATES OF EMPLOYMENT				
	FROM			ТО	
Employee's name (first, middle, last):	Month	Year	Month	Year	
Employee's address and ZIP Code:	OOLO: INCOME 1700		ERAL INCOME TAX /ITHHELD, if any		
	•				
NOTE: If taxpayer was employed by more than one employer, a separa	ite statement covering ea	ch employment and	the amount of tax with	held must be filed.	
How did you determine the amounts listed above?					
Give reason why Form W-2, or the Statement of Corrected Inco- known. Explain your efforts to obtain the required information.	ome and Tax Amour	nts was not furn	ished by your emp	oloyer, (or the payer) if	
I declare, under penalty of perjury in the second degree, that the	ne statements made	herein are true	to the best of my	knowledge and belief.	
Signature:				Date:	