DR 1059 (01/12/11) COLORADO DEPÁRTMENT OF REVENUE 1375 SHERMAN STREET DENVER, CO 80261

Exempt Employee Information: Last Name

Address

## **Exemption from Withholding for a Qualifying Spouse** of a U.S. Armed Forces Servicemember

First Name

For calendar year 20\_

Middle Initial | Social Security Number

State of Domicile

Military Spouse Information: Last Name	First Name	Middle Initial	Social Security Number					
Permanent Duty Station			State of Domicile					
To qualify for the exemption from wage withholding and the Colorado income exclusion on Form 104PN, all of the following statements must be true: (Check the <i>TRUE</i> or <i>FALSE</i> boxes on lines 1 through 6 as they apply to the exempt employee)								
				TRUE	FALSE			
1. I am not a member of the U.S. armed forces								
2. I am married to an active duty member of the								
3. My military spouse and I are domiciled in a state of								
4. My military spouse's permanent duty station is	s in Colorado							
5. I am in Colorado solely to accompany my spo	ouse while he/she is sta	tioned in Col	orado					
6. I have the same state of residency as the hon	ne of record of my milita	ary spouse						
If you answered <b>False</b> to any of these six statements, you <b>do not</b> qualify for the exemption and you should not complete or file this form								

Attach a copy of your dependent military ID card issued by the U.S. Department of Defense.

- Give a copy of this form with attached copy of the military ID card to your employer for their records.
- · Submit a copy of this form with attached copy of the military ID card with your Colorado income tax return or, if electronically filing, with form DR 1778.
- Notify your employer immediately if you become ineligible for this exemption.
- You must complete a new form DR 1059 each year to maintain your exemption.
- See FYI Income 21 for additional information.

Under penalti	es of perjury, I	declare tha	t the wages	I earn for	my	services	performed	in Colorado	are e	xempt	from
Colorado inco	me tax because	e I meet the	conditions of	f the Militar	y Sp	ouse Res	sidency Reli	ef Act (P.L.	111-97)	and th	nat to
the best of my	knowledge and	d belief, this	form is true,	correct, an	d co	mplete.					

Employee Signature	Date	