DR 0084 (08/30/13) COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005



Substitute Colorado W-2 Form

See Form Below

Photocopy for your records.

DR 0084 (08/30/13)

Employer's name, address and ZIP Code:	State of Colorado Department of Report Income TAX WITHHELD State of Colorado Department of Report Income TAX WITHHELD			
	Federal Employer's Identification No. ■ Employer's Colora			ado Identification No.
Employee's Social Security No.	DATES OF EMPLOYMENT			
	FROM		ТО	
Employee's name (first, middle, last):	Month (мм∕	Year (YYYY	Month (мм)	? Year (YYYY?
Employee's address and ZIP Code:	COLO. INCOME	.,	NCOME TAX WITH-	TOTAL WAGES (before payroll deductions)
	WITHHELD, if a	ny H	ELD, if any	(before payroll deductions)
NOTE: If taypayar was ampleyed by more than one ampleyer a constant	statement severing s	ach ampleyment an	d the emount of te	y withhold must be filed
NOTE: If taxpayer was employed by more than one employer, a separate statement covering each employment and the amount of tax withheld must be filed. How did you determine the amounts listed above?				
Give reason why Form W-2, or the Statement of Corrected Income and Tax Amounts was not furnished by your employer (or the payer), if known. Explain your efforts to obtain the required information.				
I declare, under penalty of perjury in the second degree, that the statements made herein are true to the best of my knowledge and belief.				
Signature:				Date: (MM/DD/YY)