FORM 104 (11/16/15)
COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005 www.TaxColorado.com

2015 (0013)

Colorado Individual Income Tax Form 104



└── Full-Y	ear	Part-Year or Nonresident
		(or resident, part-year, non-
Mark	if Abroad on due	resident combination)

1501047219999	da	ate - see instructions					
Last Name	First Name	Middle	Initial	Deceased	Date of Birth	n SSN	
Yourself					(MM/DD/YYYY)		
			-				
Enter the following information from your cur	rent driver license or	State of	Issue	Last 4 char	acters of ID numb	ber Date of Issuanc	е
state identification card.							
Last Name	First Name	Middle	lnitial	Deceased	Date of Birth	n SSN	
Spouse, if joint	First Name	wildale	IIIIIai	Deceased	(MM/DD/YYYY)	1 33N	
opodoc, ii joint					(,22,1111)		
		State of	Issue	Last 4 char	acters of ID numb	ber Date of Issuanc	е
Enter the following information from your spo	buse's current driver						
license or state identification card.							
Mailing Address			Pho	ne number			
			,	\			
O't	Otata		()			
City	State	ZIP Code			Foreign Country	(if applicable)	
					Ro	ound To The Next D	Ollar
1. Enter Federal Taxable Income from yo	ur federal income ta	x form: 1	1040	EZ line 6:		Tana 10 1110 HOXE D	Julia:
1040A line 27; 1040 line 43	di rodorai intotino ta			,	• 1		0 0
Additions							
2. State Addback, enter the state income	tax deduction from	your fed	eral	form			
1040 schedule A, line 5 (see instruction	ns)				• 2		0 0
3. Other Additions, explain (see instruction	ons)				• 3		00
Explain							
4. Subtotal, add lines 1 through 3					4		0 0
	boro				-		00
Staple W-2s and 1099s with CO withholding	nere.						

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Name	-	Account Number		
Subtractions				
	Refund from federal income tax	form 1040, line 10; enter \$0 if filir	ng	
1040A or 1040EZ			• 5	0.0
6. U.S. Government li	nterest		• 6	0 0
	Pension/Annuity Income			
	Deceased SSN:		• 7	0 0
8. Spouse Pension/A	nnuity Income Deceased SSN:		• 8	0 0
	Deceased GoIV.		• 0	
9. Colorado Source C	apital Gain; 5-year assets acqu	ired on or after 5/9/1994	• 9	0.0
10. Tuition Program Co	ntribution: (see instructions)		10	0.0
Total Contribution	Owner's SSN: Owner's Name		• 10	0 0
• Total Continuation	- Owner s realine			
	● Total Co	ntribution		
11. Qualifying Charitab	le Contribution \$		• 11	0 0
, ,	1.4			
12. Qualified Reservati			• 12	0 0
13. PERA/DPSRS Sub DPSRS contributio	otraction, for PERA contributions	s made in 1984–1986 or	• 13	0 0
DF 3N3 CONTINUE	iis made iii 1900		• 13	00
14. Railroad Benefit Su	btraction, tier I or II only		• 14	0 0
4F Wildfine Mitigration I	Manageman Coulatina ati au		45	0.0
15. Wildfire Mitigation I	vieasures Subtraction		• 15	0 0
16. Colorado Marijuana	a Business Deduction		• 16	0 0
4 - N - B - H - B - H				
17. Non-Resident Disa	ster Relief Worker Subtraction		• 17	0 0
18. Other Subtractions.	, explain below (see instructions)	• 18	0 0
Explain			,	
19. Subtotal, add lines	5 through 18		19	0 0
101 00010101, 0000 111100				
	ncome, line 4 minus line 19		• 20	0.0
Modified AGI for TABOR		ncome tay form: 1040E7 line 4:		
21. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37			• 21	0 0
22. Nontaxable Social	Security Income		• 22	0.0
23 Nontavable Lump-s	sum Distributions from pension	and profit sharing plans	• 23	0 0
20. Nornazabie Lump-s	odin Distributions nom pension	and profit straining platis.	23	00
24. Nontaxable interest	t income from state and local bo	inds.	• 24	0 0
05 0			0.5	
25. Sum of lines 21 thro	ough 24: Modified AGI for TABC	PK	25	0.0



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Name	Account Number		
Tax, F	Prepayments and Credits: full-year residents turn to page 26 and part-year and	d nonresidents g	o to 104PN
26.	Colorado Tax from tax table or 104PN line 36	• 26	0 0
27.	Alternative Minimum Tax from Form 104AMT	• 27	0 0
28.	Recapture of prior year credits	• 28	0 0
29.	Use Tax: Enter the total purchases for which sales or use tax was not		
	previously paid	• 29	0 0
30.	Multiply line 29 by 0.029. Enter the result in whole dollars here.	• 30	0 0
31.	Enter the SDCU Code for any applicable special district(s). See instructions.	• 31	
32.	Enter the corresponding use tax rate. See instructions.	32	
33.	Multiply line 29 by the rate on line 32. Enter the result in whole dollars here.	• 33	0 0
	Subtotal, add lines 26 through 28 and lines 30 and 33	34	0 0
35.	Nonrefundable Credits from 104CR line 35, cannot exceed the sum of lines 26 and 27	• 35	0 0
36.	Total Nonrefundable Enterprise Zone credits used – as calculated,		
	or from DR 1366 line 87	• 36	0 0
37.	Net Tax, subtract lines 35 and 36 from line 34	37	0 0
38.	CO Income Tax Withheld from W-2s and 1099s.	• 38	0 0
	Prior-year Estimated Tax Carryforward	• 39	0 0
40.	Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 40	0 0
41.	Extension Payment remitted with form 158-I	• 41	0 0
42.	Other Prepayments: • 104BEP • DR 0108 • DR 1079	• 42	0 0
43.	Gross Conservation Easement Credit from DR 1305G line 33	• 43	0 0
44.	Innovative Motor Vehicle Credit from form DR 0617	• 44	0 0
<u>45</u> .	Refundable Credits from 104CR line 8	• 45	0 0



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Name			Acco	ount Number		
Modified AGI Tier	s for State Sales	Tax Refund				
If line 25 is:	\$36,000 or less	\$36,001 – \$77,000	\$77,001 – \$120,000	\$120,001 — \$163,000	\$163,001 – \$204,000	\$204,001 – or more
Single Filers Enter	\$13	\$18	\$21	\$23	\$24	\$41
Joint Filers Enter	\$26	\$36	\$42	\$46	\$48	\$82
Colorado re	esidents who are	under the age of	eighteen but are	before 1997, or fu required to file a re ructions if you are f	eturn. Use	0.0
47. Subtotal, ad	dd lines 38 throu	gh 46			47	0.0
48. Overpayme	ent, if line 47 is gr	eater than 37 the	n subtract line 37	from line 47	48	0.0
		Forward to 2016 to		/	• 49	0.0
Voluntary Contri	ibutions enter y	our donation am	nount, if any			
50. Nongame a	and Endangered	Wildlife Cash Fun	d		• 50	0.0
51. Colorado D	omestic Abuse F	Program Fund			• 51	0.0
52. Homeless I	Prevention Activi	ties Program Fund	d		• 52	0.0
53. Western Sl	ope Military Vete	rans Cemetery Fu	und		• 53	0.0
54. Pet Overpo	pulation Fund				• 54	0.0
55. Military Far	nily Relief Fund				• 55	0.0
56. Public Educ	cation Fund				• 56	0.0
57. Roundup R	iver Ranch Fund				• 57	0.0
58. 9Health Fa	ir Fund				• 58	0.0
	Red Cross Colora edness Fund	ado Disaster Resp	onse, Readiness	,	• 59	0.0
•	or Healthy Lands	capes Fund			• 60	0.0
	Humanity of Col				• 61	0.0
62. Special Olympics of Colorado Fund			• 62	0.0		
63. Colorado Youth Corps Association Fund					• 63	0.0
	served for future					
	dd lines 49 throu				65	0.0
						



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Name		Account Number			
66.	Refund, subtract line 65 from line 48 (see instructions)		• 66		0.0
1	,	rpe: Checki	ng Savino	gs Collei	gelnvest 529
De	eposit Account Number				
	For questions regarding CollegeInvest direct deposit or to open	an account call 80	0-448-2424 or vis	it CollegeInvest	.org
Amo	unt You Owe				
67.	Net Tax Due, subtract line 47 from line 37 (include the sul	ototal from line 65) 67		0.0
68.	Delinquent Payment Penalty (see instructions)		• 68		0.0
69.	Delinquent Payment Interest (see instructions)		• 69		0.0
70.	Estimated Tax Penalty (see instructions)		• 70		0.0
	Amount You Owe, add lines 67, 68, 69 and 70		• 71		0.0
	e may convert your check to a one time electronic banking transaction. Your bank account n turned. If your check is rejected due to insufficient or uncollected funds, the Department of F				
Third	Party Designee				
return	want to allow another person to discuss this and any other information related to this return le Colorado Department of Revenue?	Yes. Compl	ete the following	j :	
		one Number			
	()			
Sign	Below Under penalties of perjury, I declare that to the best of my knowledge.	edge and belief, this re	eturn is true, correct	and complete.	
Your	Signature			Date (MM/DD/YY)	
Spous	e Signature. If joint return, BOTH must sign.			Date (MM/DD/YY)	
Paid P	reparer's Name		Paid Prep	arer's Phone	
			()		
Paid F	reparer's Address City		State	Zip	