



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

| | | | | For calendar year 20 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|----------------|----------------------|--|--|------|-------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------|-----------------|
| Exempt Employee Information: Last Name | | First Name | Middle Initial | SSN | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | State of Domicile | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Spouse Information: Last Name | | First Name | Middle Initial | SSN | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Duty Station | | | | State of Domicile | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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 True or False boxes on lines 1 through 6 as they apply to the exempt employee)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">True</th> <th style="width: 10%; text-align: center;">False</th> </tr> </thead> <tbody> <tr> <td>1. I am not a member of the U.S. armed forces.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. I am married to an active duty member of the U.S. armed forces.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. My military spouse and I are domiciled in a state other than Colorado and have moved here from that state.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. My military spouse's permanent duty station is in Colorado.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. I am in Colorado solely to accompany my spouse while he/she is stationed in Colorado.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. I have the same state of residency as the home of record of my military spouse.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>If you answered False to any of these six statements, you do not qualify for the exemption and you should not complete or file this form.</p> <ul style="list-style-type: none"> • 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, or as an E-Flier Attachment in Revenue Online, www.Colorado.gov/RevenueOnline • 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. <p>Under penalties of perjury, I declare that the wages I earn for my services performed in Colorado are exempt from Colorado income tax because I meet the conditions of the Military Spouse Residency Relief Act (P.L. 111-97) and that to the best of my knowledge and belief, this form is true, correct, and complete.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employee Signature</td> <td style="width: 30%;">Date (MM/DD/YY) </td> </tr> </table> | | | | | | | True | False | 1. I am not a member of the U.S. armed forces. | <input type="checkbox"/> | <input type="checkbox"/> | 2. I am married to an active duty member of the U.S. armed forces. | <input type="checkbox"/> | <input type="checkbox"/> | 3. My military spouse and I are domiciled in a state other than Colorado and have moved here from that state. | <input type="checkbox"/> | <input type="checkbox"/> | 4. My military spouse's permanent duty station is in Colorado. | <input type="checkbox"/> | <input type="checkbox"/> | 5. I am in Colorado solely to accompany my spouse while he/she is stationed in Colorado. | <input type="checkbox"/> | <input type="checkbox"/> | 6. I have the same state of residency as the home of record of my military spouse. | <input type="checkbox"/> | <input type="checkbox"/> | Employee Signature | Date (MM/DD/YY) |
| | True | False | | | | | | | | | | | | | | | | | | | | | | | | | | |
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