



170349 19999

DR 0349 (08/21/17)
COLORADO DEPARTMENT OF REVENUE
 Denver, CO 80261-0005
 Colorado.gov/Tax

Remediation of Contaminated Land Credit Use Schedule

You MUST include this schedule with your return if you are claiming this credit.

Last Name or Business Name ●		First Name ●		Middle Initial ●
SSN ●	Colorado Account Number ●		FEIN ●	Tax Year Ending ●
Pass-Through Entity Name ●	Ownership % ●		Entity FEIN ●	

Part A: Use Of Credit Complete this part if you are using or carrying forward credit on this tax return.

Credit Amount Available. (Total credit amount available from the Remediation of Contaminated Land Certificate issued by CDPHE)					● \$
● 1. What type of taxpayer are you for each credit?	a. ● <input type="checkbox"/> a transferee ● <input type="checkbox"/> transferor ● <input type="checkbox"/> originator	b. ● <input type="checkbox"/> a transferee ● <input type="checkbox"/> transferor ● <input type="checkbox"/> originator	c. ● <input type="checkbox"/> a transferee ● <input type="checkbox"/> transferor ● <input type="checkbox"/> originator	d. ● <input type="checkbox"/> a transferee ● <input type="checkbox"/> transferor ● <input type="checkbox"/> originator	e. Totals (Attach additional pages if necessary, and only enter overall totals on the final page.)
● 2. From whom did you receive each credit?					
● 3. Their Social Security Number or Federal Identification Number OR					
● 4. Their Colorado Account Number					
● 5. Date you received the credit					
● 6. Total credit available for you to use. (Enter the total credit less the amount transferred, OR the amount received through transfers).	● \$	● \$	● \$	● \$	
● 7. Credit you used in prior years	● \$	● \$	● \$	● \$	
8. Credit available for you to use this year, Line 6 minus Line 7. Copy this amount to column A of the credit schedule you must file with your return.	\$	\$	\$	\$	\$
● 9. Credit you are using this year. (Enter the Total on form DR 0104CR Line 27B, form DR 0105 Schedule G Line 5B, form DR 0106CR Line 12B and/or 12C, or form DR 112CR Line 15B.)	● \$	● \$	● \$	● \$	\$
10. Credit carried forward to next year, subtract line 9 from line 8	\$	\$	\$	\$	\$

I certify that I meet the requirements of §39-22-526, C.R.S.

Signature

Date (MM/DD/YY)

Submit additional pages as needed.

For additional information regarding the credit, see FYI Income 42 available at Colorado.gov/Tax or contact the Department of Revenue at 303-238-7378.