

DR 0349 (08/23/23)
COLORADO DEPARTMENT OF REVENUE
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2023 Remediation of Contaminated Land Credit Use Schedule

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

Last	Name of Duels No.									1	-4 4.1										Alabaha 1-10
Last	Name or Business Name									Fi	st Na	ame									Middle Initia
SSN or ITIN Colorado					o Ac	Account Number							FEIN					Tax Y	ear Beginnin 2023		
Partnership or S Corporation Name Ownersh				nip ⁹	p %							Entity FEIN ●									
Use	Of Credit Complete	th	าis ต	art	if vou a	re	usir	na or	carrvir	ıa f	orwa	ard	cred	lit or	1 th	is t	ax ı	eturn.			
	What type of taxpayer	a.			J	b.		<u> </u>		C.					d.				e	: Totals	:
	are you for each credit?	•			ansferee ope of	•			ransferee ype of nor	•		a	transfe type o		•]] a	transferee type of onor	p a c	ages if and only	tals on the
• 2.	From whom did you receive each credit?																			- 10	- ,
● 3.	Their Social Security Number, ITIN or Federal Identification Number <i>OR</i>																				
● 4.	Their Colorado Account Number																				
• 5.	Tax Credit Certificate Number																				
● 6.	Date you received the credit																				
● 7.	Total credit available for you to use. (Enter the total credit less the amount transferred, OR the amount received through transfers).	• 9	5			•	\$			•	5				• 9	6					
● 8.	Credit you used in prior years	• \$	B			•	\$			• 5	\$				• \$;					
9.	Credit available for you to use this year, Line 7 minus Line 8. (Enter the Total on form DR 0104CR Line 35A, form DR 0105 Schedule G Line 5A, form DR 0106CR Line 9A or form DR 0112CR line 11A, if applicable.)	9	6				\$			Ş	6				9	3			9	\$	
• 10	. Credit you are using this year. (Enter the Total on form DR 0104CR Line 35B, form DR 0105 Schedule G Line 5B, form DR 0106CR Line 9B and/or 9C, or form DR 112CR Line 11B.)	• 5	Б				\$			•	Б				• 9	3			9	6	
11.	. Credit carried forward to next year, subtract line 10 from line 9	9	-				\$.				9				9		
Lo	ertify that I meet the re			nent	s of §39			6. C.I	R.S.												
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g.,																				(
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