



200104 49999

Name				SSN or ITIN	
Third Party Designee					
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.					
• <input type="checkbox"/> No				• <input type="checkbox"/> Yes. Complete the following:	
Designee's Name				Phone Number	
•				•	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.					
Your Signature				Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.				Date (MM/DD/YY)	
Paid Preparer's Name				Paid Preparer's Phone	
Paid Preparer's Address		City		State	Zip

File and pay at: **Colorado.gov/RevenueOnline**

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.