DR 8453 (10/19/21)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax Colorado goy

## Instructions

#### **Line Instructions**

#### **Submission ID**

The 20-digit number is assigned by the preparation software to each taxpayer's return at time of submission to the IRS. This number should be entered in the space provided.

Name, Address, and Social Security Number Print or type this information in the space provided exactly as it appears from Colorado Form 104.

#### Part I - Tax Return Information

- **Line 1** Report the total income from federal Form 1040, line 9.
- **Line 2** Report the amount of taxable income reported on federal Form 1040, line 15.
- **Line 3** Report the amount of tax reported on Colorado Form 104, line 17.
- Line 4— Report the amount indicated as Colorado withholding tax from Colorado Form 104 line 18.
- **Line 5** Report the amount reported as a refund on Colorado Form 104 line 36.
- Line 6— Report the amount reported as the amount you owe from Colorado Form 104 line 41.

# Part II – Declaration of Taxpayer (Taxpayer using ERO or Taxpayer who is a PC filer)

#### **All Taxpayers**

All Taxpayers are required to sign and date the DR 8453 at the time of filing. If the tax return is a joint return, the spouse is also required to sign and date the DR 8453 at the time of filing. An electronically transmitted income tax return will not be considered complete and/or filed until the DR 8453 has been signed/dated by all appropriate taxpayers.

#### Taxpayers Using an ERO or Preparer

Taxpayers who use an ERO or tax preparer should maintain copies of all information given to them by the ERO or tax preparer for the period covered by the statute of limitations, but are **not required to mail anything to the Colorado Department of Revenue at the time of filing.** 

### Part III – Declaration of Electronic Return Originator (ERO), Preparer, or transmitter

The ERO or the preparer of the return is required to sign and date the DR 8453 at the time of filing. If the ERO is also the preparer, the check box labeled "Check if also preparer" must be checked. The ERO or preparer is also required to report their Social Security Number or preparer identification number (PTIN) in the space provided. If the taxpayer is the preparer, PART III does not need to be signed/dated.

#### Other Information

#### **Colorado Statute of Limitations**

The general rule for the Colorado statute of limitations is the federal statute of limitations plus one year, or four years from the due date of the Colorado return. For exceptions to this general rule, see Colorado publication Individual Income Tax Guide or 39-22-608, Colorado Revised Statutes.

#### DR 8453 on Demand by Colorado DOR

The paid preparer is also responsible for establishing and maintaining a system that allows retrieval of any particular DR 8453 and attachments by taxpayer social security number on demand by the Colorado Department of Revenue.



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Tax.Colorado.gov
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# State of Colorado Individual Income Tax Declaration for Electronic Filing Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

| Taxpayer SSN or ITIN Spouse SSN or ITIN                         |                              | r ITIN (If Joint Re | IN (If Joint Return) |               | on ID      |            |                 |         |           |            |
|---|------------------------------|---------------------|----------------------|---------------|------------|------------|-----------------|---------|-----------|------------|
|   |                              |                     |                      |               |            |            |                 |         |           |            |
| Taxpayer Last Name  |                              |                     | Taxpayer Fir         | st Name       |            |            |                 |         | Mid       | dle Initia |
| Taxpayor Edot Hamo  |                              |                     | Taxpayerrii          | 3t Name       |            |            |                 |         | IVIIC     | uic iiilia |
|   |                              |                     |                      |               |            |            |                 |         |           |            |
| Spouse Last Name (If Joint Return)                              |                              |                     | Spouse First         | Name (If Jo   | oint Retu  | rn)        |                 |         |           |            |
|   |                              |                     |                      |               |            |            |                 |         |           |            |
| Street Address  |                              |                     |                      |               |            | Phone      | Numbe           | r       |           |            |
|   |                              |                     |                      |               |            |            |                 |         |           |            |
| City  |                              |                     |                      |               |            | Ctoto      | ZID             |         |           |            |
| City  |                              |                     |                      |               |            | State      | ZIP             |         |           |            |
|   |                              |                     |                      |               |            |            |                 |         |           |            |
|   | Part                         | I — Tax Retu        | ırn Informa          | ation         |            |            |                 |         |           |            |
| Total Income, line 9 from your federal Form 1040                |                              |                     |                      |               |            | \$         |                 |         |           |            |
| 1. Total income, line 9 nom your lederal Form 1040              |                              |                     |                      |               | 1          | Ψ          |                 |         |           |            |
| 2. Taxable Income, line 15 on federal Form 1040                 |                              |                     |                      |               | 2          | \$         |                 |         |           |            |
| 2. Coloredo Tou lino 47 on Coloredo Form 404                    |                              |                     |                      |               |            |            |                 |         |           |            |
| 3. Colorado Tax, line 17 on Colorado Form 104                   |                              |                     |                      |               | 3          | \$         |                 |         |           |            |
| 4. Colorado Tax Withheld, line 18 on Colorado Form 104          |                              |                     |                      |               | 4          | \$         |                 |         |           |            |
|   |                              |                     |                      |               |            |            |                 |         |           |            |
| 5. Refund, line 36 Colorado Form 104                            |                              |                     |                      |               | 5          | \$         |                 |         |           |            |
| 6. Amount You Owe, line 4                                       | 1 on Colorado Form           | 104                 |                      |               | 6          | \$         |                 |         |           |            |
| ,   |                              | I — Declarat        | ion of Tax           | Payer         |            | T          |                 |         |           |            |
| Under penalties of perjury, I ded                               |                              |                     |                      |               |            |            |                 |         |           |            |
| the amounts shown on my 2021 true, correct, and complete to the | e best of my knowledge       | and belief. I und   | derstand that        | I (or my Ele  | ectronic I | Return (   | <b>Driginat</b> | tor (EF | RO) if ap | plicable   |
| may be required to provide pap<br>by the Colorado Department of |                              |                     |                      |               |            |            |                 | chmer   | nts upor  | reques     |
|   |                              |                     |                      |               |            |            |                 | Cian\   | Doto      |            |
| Signature   |                              | Date                | Spouse's 3           | Signature (If | Joint Re   | luiii, boi | n iviust        | Sign)   | Date      |            |
|   |                              |                     |                      |               |            |            |                 |         |           |            |
|   | Part III — Dec               | laration of E       | RO/Prepar            | er/Transn     | nitter     |            |                 |         |           |            |
| If the transmitter did not pre                                  | poore the tay return         | shock horo          |                      |               |            |            |                 |         |           |            |
| in the transmitter did not pre                                  | spare the tax return, t      | HECK HEIE           |                      |               |            |            |                 |         |           |            |
| If I am not the preparer, I declar                              | e only that the amounts :    | shown in Part I     | above agree          | with the am   | nounts s   | hown or    | the ta          | xpaye   | r's 2021  | Federal    |
| Colorado income tax returns. If                                 |                              |                     |                      |               |            |            |                 |         |           |            |
| Colorado income tax returns an amounts shown on said tax retu   |                              |                     |                      |               |            |            |                 |         |           |            |
| best of my knowledge and belief                                 | f. As preparer, I further de | clare that I have   | e obtained the       | e taxpayer's  | signatu    | re on th   | is form         | at the  | time of   | filing and |
| have provided the taxpayer with covered by the Colorado statute |                              |                     |                      |               |            |            |                 |         |           |            |
| and attachments upon request b                                  |                              |                     |                      |               |            | io, within | lolaling        | otator  | nonto, o  | oricadic   |
| ERO's Signature   |                              |                     |                      |               | Prep       | arer Ide   | ntificatio      | n Nun   | nber or Y | our SSN    |
|   |                              |                     |                      |               |            |            |                 |         |           |            |
|   |                              |                     |                      |               | Date       | (MM/DD/    | (M)             |         |           |            |
| Check if also Preparer  |                              |                     |                      |               | Date       | (1411411)  | ,               |         |           |            |
|   |                              |                     |                      |               |            |            |                 |         |           |            |