www.taxcolorado.com

COLORADO SOURCE CAPITAL GAIN AFFIDAVIT

This form must be completely and accurately filled out to avoid requests for additional information and/or delays in processing your refund.

Taxpayor Ivaiii	0								So	cial S	ecurity	Numh	ner or Col	orado	Accoun	t Numbe	or		
Taxpayer Name									Social Security Number or Colorado Account Number										
Spouse Name (if applicable)									Social Security Number										
	Provide the following information for each asset that qualifies under the requirements of the Colorado capital gain subtraction. Include any assets that resulted in a capital loss. Attach federal schedules and/or detailed explanation if needed. Attach additional sheets if needed.															ny			
	A. Provide a brief description of the nature of the capital gain(s). Include complete address of real property.																		
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2	B. If the gain is due to an installment sale, give the date of the original sale and attach a copy of Federal Form 6252 to this form.																		
B. If the		sale and attach a copy of Federal Form 6252 to this form. alify for the capital gain subtraction.																	
1	2																		
C. If the	y and payroll factors of the corporation for five consecutive years.																		
C. If the gain is due to the sale of stock, list the qualifying propert									2										
Year	Year		Year		Year		Year		Year	Year				Year					
Property	Property		Property		Prope	•	Property		Property	Prop	erty		Property		Propert	•	Property		
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D. If the ga	in is being	g pass	sed-throu	ugh fr					me and accou				e pass-tl	nroug	h entity	and th	e length	of	
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