

2009 FORM 104

(0013) COLORADO INDIVIDUAL INCOME TAX RETURN

RESIDENCY STATUS (CHECK ONE)

FULL-YEAR RESIDENT(S)

PART-YEAR RESIDENT(S) OR NONRESIDENT(S)
(or resident, part-year, nonresident combinations)

For calendar year **2009** or fiscal year _____

LAST NAME	FIRST NAME AND INITIAL	DECEASED	SOCIAL SECURITY NUMBER
Yourself		<input type="checkbox"/> YES	
Spouse, if joint		<input type="checkbox"/> YES	
Mailing Address			Your telephone number ()
City	State	ZIP Code	Email Address

If you use a tax preparer and do not want this booklet mailed to you next year, please check here

Avoid math errors. **e-file!** **ROUND TO THE NEAREST DOLLAR**

1 ENTER AMOUNT from federal Form 1040, line 43; or from federal Form 1040 A, line 27; or from federal Form 1040 EZ, line 6 (Federal Taxable Income).....	• 1	.00
ADDITIONS TO FEDERAL TAXABLE INCOME		
2 Enter the state income tax deduction, if any, from line 5 of Schedule A of your federal Form 1040,.....	• 2	.00
3 Other additions, explain: _____	• 3	.00
4 Total of lines 1 through 3	• 4	.00
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME		
5 Enter the state income tax refund, if any, you reported on line 10 of your federal Form 1040	• 5	.00
6 United States government interest	• 6	.00
7 Pension-annuity subtraction, taxpayer	• 7	.00
8 Pension-annuity subtraction, spouse.....	• 8	.00
9 Colorado source capital gain (5 year assets acquired on or after 5/9/94)	• 9	.00
10 Tuition program contribution	• 10	.00
11 Qualifying charitable contribution	• 11	.00
12 Other subtractions, see instructions and check applicable box: <input type="checkbox"/> PERA contribution made in 1984–1986; <input type="checkbox"/> DPSRS contributions made in 1986; <input type="checkbox"/> tier I or II railroad benefits; <input type="checkbox"/> fiduciary or partnership modification; <input type="checkbox"/> qualified reservation income <input type="checkbox"/> wildfire mitigation measures	• 12	.00
13 Total of lines 5 through 12	• 13	.00
14 COLORADO TAXABLE INCOME , line 4 minus line 13.....	• 14	.00

GO TO THE TAX TABLE ON PAGES 22 AND 23 WITH YOUR TAXABLE INCOME FROM LINE 14 TO FIND YOUR TAX.

FULL-YEAR RESIDENTS ENTER YOUR TAX ON LINE 15. PART-YEAR RESIDENTS AND NONRESIDENTS GO TO FORM 104PN.

INCOME TAX, PREPAYMENTS AND CREDITS		
15 COLORADO TAX from the tax table. Part-year residents and nonresidents enter tax from line 36, Form 104PN	• 15	.00
16 Alternative minimum tax from Form 104AMT	• 16	.00
17 Recapture of prior year credits	• 17	.00
18 Total of lines 15 through 17	• 18	.00
19 Total non-refundable credits from line 44, form 104CR (may not exceed total tax on lines 15 and 16).....	• 19	.00
20 Net Tax, line 18 minus line 19.....	• 20	.00
21 COLORADO INCOME TAX WITHHELD from wages and winnings.....	• 21	.00
22 ESTIMATED TAX payments and credits ; extension payments; and amounts withheld on nonresident real estate sales and partnership/S corp/fiduciary income	• 22	.00
23 Child care credit from line 5 or 6, Form 104CR.....	• 23	.00
24 Total of lines 21 through 23	• 24	.00

 **STAPLE W-2, W-2-G, AND 1099 FORMS HERE**
HERE

STAPLE W-2, W-2-G, AND 1099 FORMS HERE
(only if Colorado tax withheld is reported on the form)

VOLUNTARY CONTRIBUTIONS CHECKOFF COLORADO	25 Enter the amount from federal Form 1040, line 37; or from federal Form 1040A, line 21; or from federal Form 1040EZ, line 4 (Federal Adjusted Gross Income) ● 25		.00	
	26 If line 24 is more than line 20, subtract line 20 from line 24. This is your overpayment 26		.00	
	27 Amount you want credited to your 2010 estimated tax..... ● 27		.00	
	ENTER THE AMOUNT, IF ANY, YOU WISH TO CONTRIBUTE TO:			
	28 The Nongame and Endangered Wildlife Cash Fund ● 28		.00	
	29 The Colorado Domestic Abuse Program Fund..... ● 29		.00	
	30 The Homeless Prevention Activities Program Fund ● 30		.00	
	31 The Special Olympics Colorado Fund ● 31		.00	
	32 The Western Slope Military Veterans' Cemetery Fund..... ● 32		.00	
	33 The Pet Overpopulation Fund ● 33		.00	
	34 The Colorado Healthy Rivers Fund ● 34		.00	
	35 The Alzheimer's Association Fund ● 35		.00	
	36 The Military Family Relief Fund ● 36		.00	
	37 The Multiple Sclerosis Fund ● 37		.00	
38 The Colorado Breast and Women's Reproductive Cancers Fund..... ● 38		.00		
39 The Adult Stem Cell Cure Fund..... ● 39		.00		
40 The 9Health Fair Fund..... ● 40		.00		
41 The Make-A-Wish Foundation of Colorado Fund ● 41		.00		
42 Total of lines 27 through 41 42		.00		
REFUND	43 Line 26 minus line 42. This is your REFUND . e-file this return. Get your refund faster! ● 43			
	<div style="display: flex; align-items: center;"> <div> <p>(See page 9)</p> <p>Routing number <input style="width: 100px;" type="text"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Account number <input style="width: 150px;" type="text"/></p> </div> </div>			
AMOUNT OWED	AMOUNT YOU OWE			
	44 Penalty, also include on line 47 if applicable ● 44		.00	
	45 Interest, also include on line 47 if applicable..... ● 45		.00	
	46 Estimated tax penalty, also include on line 47 if applicable..... ● 46		.00	
	47 If line 20 is more than line 24, subtract line 24 from line 20. This is the amount you owe. Include amounts entered on lines 27 through 41, if any..... ● 47		.00	
<ul style="list-style-type: none"> • Pay online at www.colorado.gov/paytax, or make check payable to Colorado Department of Revenue. • To ensure you receive credit for your payment by check, write your social security number and "Form 104" on your check. • DO NOT send cash; DO NOT staple check to return. <p><small>The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small></p>				
SIGN YOUR RETURN	Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct, and complete.			
	Your Signature		Spouse's Signature. If joint return, BOTH must sign.	
	Date	Year of Birth	Date	Year of Birth
	MAIL YOUR RETURN TO: COLORADO DEPARTMENT OF REVENUE DENVER, CO 80261-0005		Paid Preparer's Name, Address and Telephone Number	