



190104 49999



Name		SSN or ITIN	
Third Party Designee			
Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? • <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*

<p>If you are filing this return with a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return without a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	

