



| | | |
|-------------------------------|--------------------------------|----------------------|
| Your Last Name (match page 1) | Your First Name (match page 1) | Your Middle Initial |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN or ITIN (match page 1) | | |
| <input type="text"/> | | |

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) |
| <input type="text"/> | <input type="text"/> |

| | |
|---|----------------------|
| Spouse's Signature. If joint return, both must sign. | Date (MM/DD/YY) |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|-----------------------|
| Paid Preparer's Name | Paid Preparer's Phone |
| <input type="text"/> | <input type="text"/> |

| |
|-------------------------|
| Paid Preparer's Address |
| <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| City | State | ZIP Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

File and Pay

You may file and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/revenueonline) or

If you are mailing this return **with** a check or payment, please send all eight required pages to:

Colorado Department of Revenue
Denver, CO 80261-0006

If you are mailing this return **without** a check or payment, please send all eight required pages to:

Colorado Department of Revenue
Denver, CO 80261-0005

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

