



250104 89999

Your Last Name (match page 1)

Your First Name (match page 1)

Your Middle Initial

SSN or ITIN (match page 1)

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### 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 Code

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### File and Pay

You may file and pay at: [Colorado.gov/RevenueOnline](http://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.