

# Federal Electronic Filing Instructions

Tax Year 2017

**You are responsible for confirming the status of your electronically filed return.** You can confirm the status of your return by going to <https://efstatus.taxact.com>. You will need to enter the primary social security number and last name on the return along with your ZIP code.

**Self Select PIN:** You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

## **Refund:**

You have elected to receive your refund of \$1,166 via direct deposit.

You can start checking the status of your refund within 24 hours of e-filing at the IRS website <https://www.irs.gov/Refunds> under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.



For the year Jan. 1-Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, ending \_\_\_\_\_ See separate instructions.

Your first name and initial **Joel A** Last name **Richardson** Your social security number **157-70-6376**

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number **363-90-2512**

Home address (number and street). If you have a P.O. box, see instructions. **1177 York St.** Apt. no. **207** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Denver, CO 80206** Presidential Election Campaign

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status** 1  Single 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.  2  Married filing jointly (even if only one had income) 5  Qualifying widow(er) (see instructions) 3  Married filing separately. Enter spouse's SSN above and full name here. **Megan A Richardso** Check only one box.

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **1** b  Spouse. No. of children on 6c who:  lived with you **1**  did not live with you due to divorce or separation (see instructions) **0**

| c Dependents:  |                   | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) X if child under age 17 qualifying for child tax credit (see instr.) | Dependents on 6c not entered above <b>0</b> |
|----------------|-------------------|--|-------------------------------------|--|---|
| (1) First name | Last name         |  |                                     |  |   |
| <b>Macie</b>   | <b>Richardson</b> | <b>673-85-6733</b>                     | <b>Daughter</b>                     | <input checked="" type="checkbox"/>                                      | <b>Add numbers on lines above</b> <b>2</b>  |
|                |                   |  |                                     | <input type="checkbox"/>   |   |
|                |                   |  |                                     | <input type="checkbox"/>   |   |
|                |                   |  |                                     | <input type="checkbox"/>   |   |

|               |     |  |     |                |
|---------------|-----|--|-----|----------------|
| <b>Income</b> | 7   | Wages, salaries, tips, etc. Attach Form(s) W-2   | 7   | <b>22,145.</b> |
|               | 8a  | Taxable interest. Attach Schedule B if required  | 8a  |                |
|               | b   | Tax-exempt interest. Do not include on line 8a   | 8b  |                |
|               | 9a  | Ordinary dividends. Attach Schedule B if required  | 9a  |                |
|               | b   | Qualified dividends  | 9b  |                |
|               | 10  | Taxable refunds, credits, or offsets of state and local income taxes   | 10  |                |
|               | 11  | Alimony received   | 11  |                |
|               | 12  | Business income or (loss). Attach Schedule C or C-EZ   | 12  | <b>4,240.</b>  |
|               | 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/> | 13  |                |
|               | 14  | Other gains or (losses). Attach Form 4797  | 14  |                |
|               | 15a | IRA distributions  | 15a |                |
|               | b   | Taxable amount   | 15b |                |
|               | 16a | Pensions and annuities   | 16a |                |
|               | b   | Taxable amount   | 16b |                |
|               | 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                  | 17  |                |
|               | 18  | Farm income or (loss). Attach Schedule F   | 18  |                |
|               | 19  | Unemployment compensation  | 19  |                |
|               | 20a | Social security benefits   | 20a |                |
|               | b   | Taxable amount   | 20b |                |
|               | 21  | Other income. List type and amount   | 21  |                |
|               | 22  | Combine the amounts in the far right column for lines 7 through 21. This is your total income                | 22  | <b>26,385.</b> |

|                              |     |  |     |                |
|------------------------------|-----|--|-----|----------------|
| <b>Adjusted Gross Income</b> | 23  | Educator expenses  | 23  |                |
|                              | 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24  |                |
|                              | 25  | Health savings account deduction. Attach Form 8889   | 25  |                |
|                              | 26  | Moving expenses. Attach Form 3903  | 26  |                |
|                              | 27  | Deductible part of self-employment tax. Attach Schedule SE   | 27  | <b>300.</b>    |
|                              | 28  | Self-employed SEP, SIMPLE, and qualified plans   | 28  |                |
|                              | 29  | Self-employed health insurance deduction   | 29  |                |
|                              | 30  | Penalty on early withdrawal of savings   | 30  |                |
|                              | 31a | Alimony paid b Recipient's SSN   | 31a |                |
|                              | 32  | IRA deduction  | 32  |                |
|                              | 33  | Student loan interest deduction  | 33  |                |
|                              | 34  | Tuition and fees. Attach Form 8917   | 34  |                |
|                              | 35  | Domestic production activities deduction. Attach Form 8903   | 35  |                |
|                              | 36  | Add lines 23 through 35  | 36  | <b>300.</b>    |
|                              | 37  | Subtract line 36 from line 22. This is your adjusted gross income  | 37  | <b>26,085.</b> |

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) . . . . . 38 **26,085.**

39a Check  You were born before January 2, 1953,  Blind.  Spouse was born before January 2, 1953,  Blind. Total boxes checked ▶ 39a **0**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) . . . . . 40 **6,350.**

41 Subtract line 40 from line 38 . . . . . 41 **19,735.**

42 **Exemptions.** If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions. 42 **8,100.**

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . . . 43 **11,635.**

44 **Tax** (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  \_\_\_\_\_ 44 **1,278.**

45 **Alternative minimum tax** (see instructions). Attach Form 6251 . . . . . 45

46 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . 46

47 Add lines 44, 45, and 46 . . . . . ▶ 47 **1,278.**

48 Foreign tax credit. Attach Form 1116 if required . . . . . 48

49 Credit for child and dependent care expenses. Attach Form 2441 . . . . . 49

50 Education credits from Form 8863, line 19 . . . . . 50

51 Retirement savings contributions credit. Attach Form 8880 . . . . . 51

52 Child tax credit. Attach Schedule 8812, if required . . . . . 52 **1,000.**

53 Residential energy credits. Attach Form 5695 . . . . . 53

54 Other credits from Form: a  3800 b  8801 c  \_\_\_\_\_ 54

55 Add lines 48 through 54. These are your **total credits** . . . . . 55 **1,000.**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- . . . . . ▶ 56 **278.**

**Standard Deduction for-**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others: Single or Married filing separately, \$6,350
- Married filing jointly or Qualifying widow(er), \$12,700
- Head of household, \$9,350

**Other Taxes**

57 Self-employment tax. Attach Schedule SE . . . . . 57 **599.**

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage  61

62 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your **total tax** . . . . . ▶ 63 **877.**

**Payments**

64 Federal income tax withheld from Forms W-2 and 1099 . . . . . 64 **2,043.**

65 2017 estimated tax payments and amount applied from 2016 return 65

66a **Earned income credit (EIC)** . . . . . 66a

b Nontaxable combat pay election. | 66b |

67 Additional child tax credit. Attach Schedule 8812. . . . . 67

68 American opportunity credit from Form 8863, line 8 . . . . . 68

69 Net premium tax credit. Attach Form 8962. . . . . 69

70 Amount paid with request for extension to file . . . . . 70

71 Excess social security and tier 1 RRTA tax withheld . . . . . 71

72 Credit for federal tax on fuels. Attach Form 4136 . . . . . 72

73 Credits from Form: a  2439b  Reserved c  8885 d  \_\_\_\_\_ 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** . . . . . ▶ 74 **2,043.**

If you have a qualifying child, attach Schedule EIC.

**Refund**

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**. . . . . 75 **1,166.**

76a Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here . . . . ▶  76a **1,166.**

▶ b Routing number **011400495** ▶ c Type:  Checking  Savings

▶ d Account number **009445681196**

77 Amount of line 75 you want **applied to your 2018 estimated tax** ▶ 77

**Amount You Owe**

78 **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78 **0.**

79 Estimated tax penalty (see instructions) . . . . . 79

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ▶ Date ▶ Your occupation **Cook** ▶ Daytime phone number **(603)767-6169**

Spouse's signature. If a joint return, **both** must sign. ▶ Date ▶ Spouse's occupation **server** ▶ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

**Paid Preparer Use Only**

Print/Type preparer's name ▶ Preparer's signature ▶ Date ▶ Check  if self-employed ▶ PTIN ▶

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Net Profit From Business**

(Sole Proprietorship)

▶ **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
▶ **Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on page 2.**

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09A**

Name of proprietor

**Joel A Richardson**

Social security number (SSN)

**157-70-6376**

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

**And You:**

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

**A** Principal business or profession, including product or service  
**Web or Software Developer, Web Services**

**B** Enter business code (see page 2)

**▶ 541510**

**C** Business name. If no separate business name, leave blank.

**D** Enter your EIN (see page 2)

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code

**F** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) . . . . .  Yes  No

**G** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

**Part II Figure Your Net Profit**

|  |          |               |
|--|----------|---------------|
| <b>1</b> <b>Gross receipts. Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here . . . . . <input type="checkbox"/>  | <b>1</b> | <b>4,976.</b> |
| <b>2</b> <b>Total expenses</b> (see instr.). If more than \$5,000, you <b>must</b> use Schedule C . . . . .  | <b>2</b> | <b>736.</b>   |
| <b>3</b> <b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> , and <b>Schedule SE, line 2</b> (see instructions). (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2.) Estates and trusts, enter on <b>Form 1041, line 3</b> . . . . . | <b>3</b> | <b>4,240.</b> |

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_ .
- 5** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business \_\_\_\_\_ **b** Commuting (see page 2) \_\_\_\_\_ **c** Other \_\_\_\_\_
- 6** Was your vehicle available for personal use during off-duty hours? . . . . .  Yes  No
- 7** Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes  No
- 8a** Do you have evidence to support your deduction? . . . . .  Yes  No
- b** If "Yes," is the evidence written? . . . . .  Yes  No

**EFILE COPY**

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

▶ Go to [www.irs.gov/sScheduleSE](http://www.irs.gov/sScheduleSE) for instructions and the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)  
**Joel A Richardson**

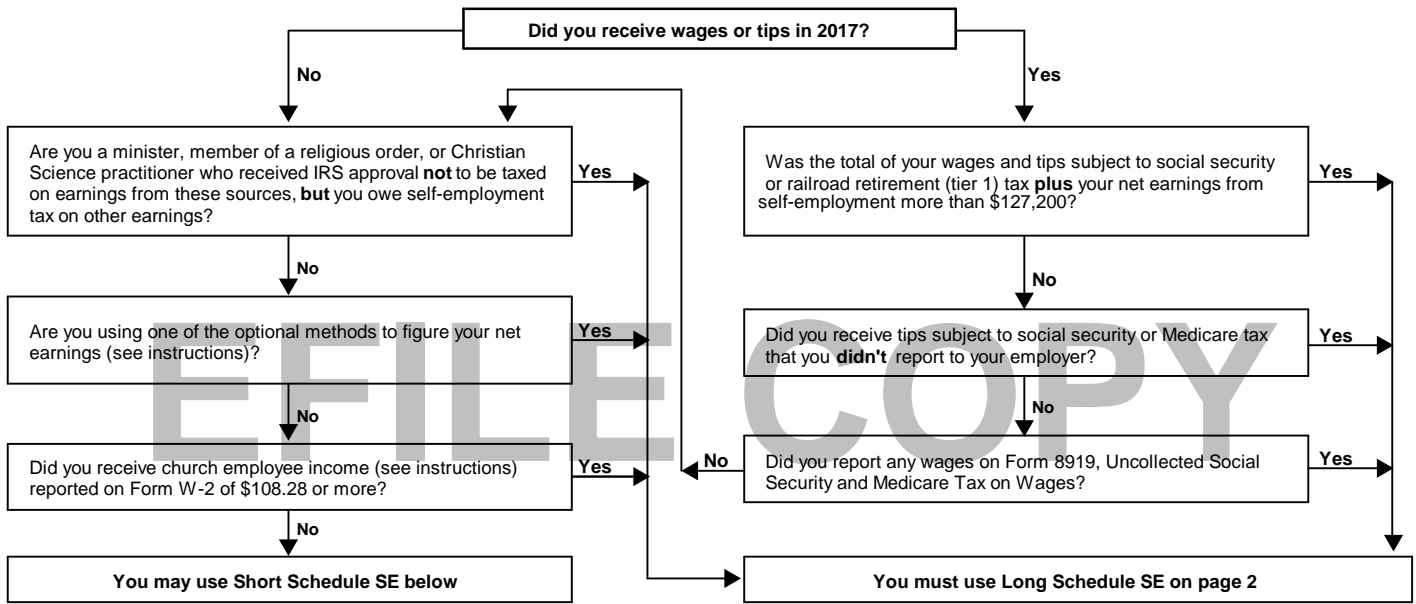
Social security number of person  
with **self-employment** income ▶

**157-70-6376**

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A - Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

|  |           |               |
|--|-----------|---------------|
| <b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .  | <b>1a</b> |               |
| <b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .   | <b>1b</b> | ( )           |
| <b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .                                  | <b>2</b>  | <b>4,240.</b> |
| <b>3</b> Combine lines 1a, 1b, and 2. . . . .  | <b>3</b>  | <b>4,240.</b> |
| <b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ▶   | <b>4</b>  | <b>3,916.</b> |
| <b>5 Self-employment tax.</b> If the amount on line 4 is:<br>• \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b><br>• More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . . | <b>5</b>  | <b>599.</b>   |
| <b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .   | <b>6</b>  | <b>300.</b>   |

**EFILE COPY**



# 2017 Colorado Electronic Filing Instructions

These instructions are provided to help you understand and complete the final steps for electronically filing your Colorado return. We highly recommend you print this for your reference.

**You are responsible for confirming the status of your electronically filed return.** You can confirm the status of your return by going to <https://efstatus.taxact.com>. You will need to enter the Primary Social Security Number and Last Name on the return along with the Zip Code.

## **Colorado DR 8453:**

### **Do not mail Colorado DR 8453 to the Colorado Department of Revenue.**

Colorado DR 8453 will be printed as part of the Colorado electronic filing steps. You should keep Colorado DR 0104, DR 8453, accompanying forms and schedules, and wage and tax statements for a period of at least four years from the due date of your return.

## **Refund:**

You have elected to receive your refund via direct deposit.

## **Refund Status:**

The Colorado Department of Revenue is emphasizing fraud detection and prevention over the fast refunds it has prioritized over the past 20-plus years with the advent of electronic income tax filing. Fraud detection and prevention is essential in this age of increased identity theft. Taxpayers are warned that they could experience delays of as long as **60 days** compared to previous years due to Department of Revenue enhanced tax refund fraud detection efforts. While efforts to detect fraud cause refund processing to slow down, the department is asking taxpayers for patience because it is better to be sure a refund is going to the correct party and not to data thieves who stand to benefit from stolen refunds.

<https://www.colorado.gov/pacific/tax/refund-status-where-my-refund>





178453 11064

DR 8453 (10/12/17)  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0005  
Colorado.gov/Tax

# State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue Retain with your records

|                                    |  |                              |                                     |               |                |
|------------------------------------|--|------------------------------|-------------------------------------|---------------|----------------|
| Taxpayer SSN                       |  | Spouse SSN (If Joint Return) |                                     | Submission ID |                |
| 157-70-6376                        |  |                              |                                     |               |                |
| Taxpayer Last Name                 |  |                              | Taxpayer First Name                 |               | Middle Initial |
| Richardson                         |  |                              | Joel                                |               | A              |
| Spouse Last Name (If Joint Return) |  |                              | Spouse First Name (If Joint Return) |               |                |
|                                    |  |                              |                                     |               |                |
| Street Address                     |  |                              |                                     | Phone Number  |                |
| 1177 York St. Apt. 207             |  |                              |                                     | 603-767-6169  |                |
| City                               |  |                              |                                     | State         | Zip            |
| Denver                             |  |                              |                                     | CO            | 80206          |

### Part I - Tax Return Information

|   |   |        |
|---|---|--------|
| 1. Total Income, line 22 from your federal form 1040, line 15 on form 1040A, or line 4 on form 1040EZ | 1 | 26,385 |
| 2. Taxable Income, line 43 on federal form 1040, line 27 on form 1040A, line 6 on form 1040EZ         | 2 | 11,635 |
| 3. Colorado Tax, Line 15 on Colorado form 104   | 3 | 539    |
| 4. Colorado Tax Withheld, Line 16 on Colorado form 104  | 4 | 758    |
| 5. Refund, Line 30 Colorado form 104  | 5 | 219    |
| 6. Amount You Owe, Line 35 on Colorado form 104   | 6 |        |

### Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2017 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

|           |      |  |      |
|-----------|------|--|------|
| Signature | Date | Spouse's Signature (If Joint Return, Both Must Sign) | Date |
|           |      |  |      |

### Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2017 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2017 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

|                 |  |
|-----------------|--|
| ERO's Signature | Preparer Identification Number or Your SSN |
|                 |  |

Check if also Preparer

|                 |  |
|-----------------|--|
| Date (MM/DD/YY) |  |
|                 |  |

**EFILE COPY**



170104 11064

DR 0104 (06/30/17)

COLORADO DEPARTMENT OF REVENUE

Colorado.gov/Tax

(0013)



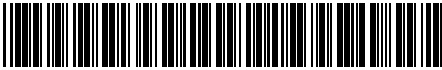
# 2017 Colorado Individual Income Tax Return

Full-Year     Part-Year or Nonresident (or resident, part-year, non-resident combination)     Mark if Abroad on due date – see instructions

\*Must attach DR 0104PN

|  |  |  |                                     |                                |  |                                 |                      |  |
|--|--|--|-------------------------------------|--------------------------------|--|---------------------------------|----------------------|--|
| Your Last Name   | Richardson   |  | Your First Name                     | Joel                           |  | Middle Initial                  | A                    |  |
| Deceased   | <input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return. |  | Date of Birth (MM/DD/YYYY)          | 09/09/1980                     |  | SSN                             | 157-70-6376          |  |
| Enter the following information from your current driver license or state identification card.                           |  |  | State of Issue                      | Last 4 characters of ID number |  | Date of Issuance                |                      |  |
|  |  |  | CO                                  | 8086                           |  | **/**/**                        |                      |  |
| If Joint, Spouse's Last Name   |  |  | Spouse's First Name                 |                                |  | Middle Initial                  |                      |  |
| Deceased   | <input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return. |  | Spouse's Date of Birth (MM/DD/YYYY) |                                |  | Spouse's SSN                    |                      |  |
| Enter the following information from your current spouse's driver license or state identification card.                  |  |  | State of Issue                      | Last 4 characters of ID number |  | Date of Issuance                |                      |  |
|  |  |  |                                     |                                |  |                                 |                      |  |
| Mailing Address  | 1177 York St. Apt 207  |  |                                     |                                |  | Phone Number                    |                      |  |
|  |  |  |                                     |                                |  | (603)767-6169                   |                      |  |
| City   | Denver   |  | State                               | Zip Code                       |  | Foreign Country (if applicable) |                      |  |
|  |  |  | CO                                  | 80206                          |  |                                 |                      |  |
| <b>Round To The Next Dollar</b>  |  |  |                                     |                                |  |                                 |                      |  |
| 1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6; 1040A line 27; 1040 line 43            |  |  |                                     |                                |  | • 1                             | 11,635 <sup>00</sup> |  |
| Staple W-2s and 1099s with CO withholding here. ◀  |  |  |                                     |                                |  |                                 |                      |  |
| <b>Additions to Federal Taxable Income</b>   |  |  |                                     |                                |  |                                 |                      |  |
| 2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions) |  |  |                                     |                                |  | • 2                             | 00                   |  |
| 3. Other Additions, explain (see instructions)   |  |  |                                     |                                |  | • 3                             | 00                   |  |

Explain:



170104 21064

| Name   | SSN                |
|--|--------------------|
| <b>Richardson</b>  | <b>157-70-6376</b> |
| 4. Subtotal, sum of lines 1 through 3  | 4 11,635.00        |
| 5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return.   | •5 00              |
| 6. Colorado Taxable Income, subtract line 5 from line 4  | •6 11,635.00       |
| <b>Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents use DR 0104PN</b>  |                    |
| 7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.   | •7 539.00          |
| 8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with your return.   | •8 00              |
| 9. Recapture of prior year credits   | •9 00              |
| 10. Subtotal, sum of lines 7 through 9   | 10 539.00          |
| 11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 0104CR with your return.  | •11 00             |
| 12. Total Nonrefundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 1366 with your return. | •12 00             |
| 13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.  | 13 539.00          |
| 14. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.   | •14 0.00           |
| 15. Net Colorado Tax, sum of lines 13 and 14   | 15 539.00          |
| 16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.  | •16 758.00         |
| 17. Prior-year Estimated Tax Carryforward  | •17 00             |
| 18. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year   | •18 00             |
| 19. Extension Payment remitted with the DR 0158-I  | •19 00             |
| 20. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079   | •20 00             |
| 21. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.   | •21 00             |
| 22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.   | •22 00             |
| 23. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.  | •23 00             |
| 24. Subtotal, sum of lines 16 through 23   | 24 758.00          |
| 25. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37  | •25 26,085.00      |
| 26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24   | 26 219.00          |
| 27. Estimated Tax Credit Carryforward to 2018 first quarter, if any  | •27 00             |



170104 31064

DR 0104 (06/30/17)  
COLORADO DEPARTMENT OF REVENUE  
Colorado.gov/Tax



|                   |  |                    |  |
|-------------------|--|--------------------|--|
| Name              |  | SSN                |  |
| <b>Richardson</b> |  | <b>157-70-6376</b> |  |

|  |      |        |
|--|------|--------|
| 28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must submit the DR 0104CH with your return. | ● 28 | 00     |
| 29. Subtotal, add lines 27 and 28  | 29   | 00     |
| 30. Refund, subtract line 29 from line 26 (see instructions)   | ● 30 | 219 00 |

**Direct** Routing Number  Type:  Checking  Savings  College Invest 529

**Deposit** Account Number

For questions regarding CollegenInvest direct deposit or to open an account, visit [CollegenInvest.org](http://CollegenInvest.org) or call 800-448-2424.

|   |      |    |
|---|------|----|
| 31. Net Tax Due, subtract line 24 from line 15, then add line 28                            | 31   | 00 |
| 32. Delinquent Payment Penalty (see instructions)   | ● 32 | 00 |
| 33. Delinquent Payment Interest (see instructions)  | ● 33 | 00 |
| 34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions) | ● 34 | 00 |
| 35. Amount You Owe, sum of lines 31 through 34  | ● 35 |    |

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.

**Third Party Designee**

Do you want to allow another person to discuss this return and another other information related to this return with the Colorado Department of Revenue? •  No •  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/YYYY)     |           |
| Spouse's Signature. If joint return, BOTH must sign. |  | Date (MM/DD/YYYY)     |           |
| Paid Preparer's Name                                 |  | Paid Preparer's Phone |           |
| Paid Preparer's Address                              |  | City                  | State Zip |

If you are filing this return **with** a check or payment, please mail the return to:  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0005

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

**EFILE COPY**