



210104 11555

DR 0104 (10/19/21)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)



## 2021 Colorado Individual Income Tax Return

☒ Full-Year ☐ Part-Year or Nonresident (or resident, part-year, non-resident combination) \*Must include DR 0104PN ☐ Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
PREHMUS		SYLVIA		K
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased		
10/22/1996	652-01-8697	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
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	1000	12/20/17
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased		
		<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
7171 S CHEROKEE TRL APT 2131			(303) 378-0771	
City	State	ZIP Code	Foreign Country (if applicable)	
AURORA	CO	80016-1824		
<input type="checkbox"/>	To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: • You are a Colorado resident and at least one person in your household does not have health coverage <b>AND</b> • You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Benefit Exchange) and the Department of Health Care Policy & Financing.			
<b>Round To The Nearest Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.			• 1	10383 00
Include W-2s and 1099s with CO withholding.				
<b>Additions to Federal Taxable Income</b>				
2. State Addback, enter the state income tax deduction from your federal form 1040, 1040 SR, or 1040 SP schedule A, line 5a (see instructions)			• 2	00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00

**210104 21555**

Name			SSN or ITIN		
SYLVIA K PREHMUS			652-01-8697		
4. Other Additions, explain (see instructions)			• 4		00
Explain:					
5. Subtotal, sum of lines 1 through 4			5	10383	00
<b>Colorado Subtractions</b>					
6. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.			• 6	0	00
7. Colorado Taxable Income, subtract line 6 from line 5			• 7	10383	00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>					
8. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.			• 8	466	00
9. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.			• 9		00
10. Recapture of prior year credits			• 10		00
11. Subtotal, sum of lines 8 through 10			11	466	00
12. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 0104CR with your return.			• 12		00
13. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 84, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1366 with your return.			• 13		00
14. Strategic Capital Tax Credit from DR 1330, the sum of lines 12, 13, and 14 cannot exceed line 11, you must submit the DR 1330 with your return.			• 14		00
15. Net Income Tax, sum of lines 12, 13, and 14. Subtract that sum from line 11.			15	466	00
16. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.			• 16		00
17. Net Colorado Tax, sum of lines 15 and 16			17	466	00
18. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.			• 18	936	00
19. Prior-year Estimated Tax Carryforward			• 19		00
20. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year			• 20		00
21. Extension Payment remitted with the DR 0158-I			• 21		00
22. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079			• 22		00
23. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.			• 23		00
24. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.			• 24	0	00

**210104 31555**

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25. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return. • 25		00
26. Subtotal, sum of lines 18 through 25 26		936 00
<b>Modified AGI for TABOR</b> Lines 28 through 30 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.		
27. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11 • 27		23013 00
28. Nontaxable Social Security Income • 28		00
29. Nontaxable Lump-sum Distribution from pension and profit sharing plans. • 29		00
30. Nontaxable interest income from state and local bonds • 30		00
31. Sum of lines 27 through 30: Modified AGI for TABOR 31		23013 00
<b>Modified AGI Tiers for State Sales Tax Refund</b>		
If line 31 is:	\$44,000 or less	\$44,001 – \$88,000
	\$88,001 – \$139,000	\$139,001 – \$193,000
	\$193,001 – \$246,000	\$246,001 – or more
Single Filers Enter	\$37	\$49
	\$56	\$68
	\$74	\$117
Joint Filers Enter	\$74	\$98
	\$112	\$136
	\$148	\$234
32. State Sales Tax Refund: For full-year Colorado residents, born before 2003, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 31 and reference the table above. See instructions if you are filing an extension. • 32		37 00
33. Sum of lines 26 and 32 33		973 00
34. Overpayment, if line 33 is greater than line 17 then subtract line 17 from line 33 34		507 00
35. Estimated Tax Credit Carryforward to 2022 first quarter, if any. • 35		00
If you have an overpayment on line 36 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.		
36. Refund, subtract line 35 from line 34 (see instructions) • 36		507 00
<b>Direct Deposit</b> Routing Number <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="7"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529 Account Number <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
For questions regarding CollegeInvest direct deposit or to open an account, visit <a href="https://www.collegeinvest.org">CollegeInvest.org</a> or call 800-448-2424.		

**210104 41555**

Name		SSN or ITIN	
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37. Net Tax Due, subtract line 33 from line 17		37	00
38. Delinquent Payment Penalty (see instructions)		• 38	00
39. Delinquent Payment Interest (see instructions)		• 39	00
40. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)		• 40	00
41. Amount You Owe, sum of lines 37 through 40		• 41	
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.			
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
• <input checked="" type="checkbox"/> No • <input type="checkbox"/> Yes. Complete the following:			
Designee's Name		Phone Number	
•		•	
<b>Sign Below</b> 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	
SELF PREPARED			
Paid Preparer's Address		City	State ZIP Code

**File and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/RevenueOnline)**

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