

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

(0013)

2021 Colorado Individual Income Tax Return

		Your First Name Mic	ddle Initi
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased If checked and claiming a refund, you mus the DR 0102 and death certificate with you	
Enter the following inform driver license or state ide		State of Issue Last 4 characters of ID number Date of Issuance	i retuii
If Joint, Spouse's Last Name		Spouse's First Name Mi	ddle Initi
Spouse's Date of Birth (MMVDD/YY)	Spouse's SSN or ITIN	Deceased If checked and claiming a refund, you mus the DR 0102 and death certificate with you	
Enter the following inform current driver license or s	ation from your spouse's tate identification card.	State of Issue Last 4 characters of ID number Date of Issuance	
Mailing Address		Phone Number	
		State ZIP Code Foreign Country (if applicable	e)
City			
You are a C AND You give pe DR 0104E	Colorado resident and at le ermission for the Colorado	old qualify for free or reduced-cost health coverage, check this east one person in your household does not have health cover Department of Revenue to share the information on Form Colorado (the Colorado Benefit Exchange) and the Department	erage
To see if you or You are a C AND You give pe DR 0104EE Health Care	Colorado resident and at le ermission for the Colorado E with Connect for Health (e Policy & Financing.	east one person in your household does not have health cover Department of Revenue to share the information on Form Colorado (the Colorado Benefit Exchange) and the Department Round To The Neare	erage ent of
To see if you or You are a C AND You give pe DR 0104EE Health Care	Colorado resident and at le ermission for the Colorado E with Connect for Health (e Policy & Financing.	east one person in your household does not have health cover Department of Revenue to share the information on Form Colorado (the Colorado Benefit Exchange) and the Department Round To The Neare	erage ent of



DR 0104EE (06/03/21)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 1 of 2

Colorado Easy Enrollment Information Form

Colorado taxpayers can now share certain information from their tax return with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Colorado Department of Health Care Policy & Financing to find out if they qualify for free or reduced-cost health coverage (Colorado Law: 39-21-113(25) C.R.S).

By submitting this form (DR 0104EE) and checking the corresponding checkbox with my income tax return (form DR 0104), I give permission for the Colorado Department of Revenue to share the information included on this form with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Department of Health Care Policy & Financing

Note: If you agree to share this information, please complete (or verify) this form to the best of your ability and include it with your tax return. If filing by paper, ensure that it is mailed with your return. If filing electronically through your tax preparer or a using a software program, this form may be completed using the software. If you do not agree to share this information, please do not complete this form and do not include it with your return.

Section A: Household Contact Information

Last Name	1.0	• First Name		Middle Initial
Phone Number	Email Address			4
Mailing Address (Line 1)) 2			
Mailing Address (Line 2)				
• City			• State	• ZIP Code



DR 0104EE (05/03/21)
COLORADO DEPARTMENT OF REVENUE
7ax.Colorado.gov
Page 2 of 2

Section B: Household Member and Income Information

1. Enter your tax household size here. Include yourself, your spouse, and all individuals

that you claim as a dependent on your federal income tax return (i.e. a household

Complete this section with information for all members of your tax household. For purposes of obtaining health coverage, your tax household typically consists of yourself, your spouse, and any person that you claim as a tax dependent on your federal income tax return. For more information about who may be claimed as a tax dependent on your federal income tax return and would be considered a part of you tax household, review IRS Publication 501.

with spouses filing "3" in this field).	jointly and one tax dependent c	hild = household size of 3	enter • 1		
. Enter your adjuste 1040(SP), or 1040	d gross income from line 11 on y -NR.	our federal form 1040, 10	40-SR, • 2		00
. Enter information a income tax return	about yourself, your spouse, and in the table below.	d all individuals that you c	laim as a depen	dent on your federal	
Last Name	First Name	Middle Initial	Date of Birth	SSN or ITIN (option)	onal)
	63				
	+				
	-				-1

blank. All Departmental correspondence will be mailed to the mailing address provided. We recommend you read publication FYI General 2 for the Privacy Act Notice.

Colorado Health Coverage Easy Enrollment Colorado taxpavers can now share certain information

from their state tax return with the Colorado Health Benefit Exchange (Connect for Health Colorado) and the Colorado Department of Health Care Policy & Financing to find out if they qualify for free or reduced-cost health coverage (Colorado Law: 39-21-113(25) C.R.S). If you give your permission, the Department of Revenue will share only the information on form DR 0104EE which includes: Name and date of birth for you, your spouse, and everyone listed on your taxes as your dependent

- (your tax household). · Social Security Number or Tax ID for you, your spouse, and everyone listed on your taxes as your
- dependent. You may choose to not provide Social Security Numbers. Your address, phone number, and email address so
- we can contact you. · Your income.
- · Whether you filed your return electronically
- or on paper. This information will only be used to check if you can

enroll in health coverage and qualify for help paying for coverage. For more information about getting health coverage, visit Connect for Health Colorado at https://connectforhealthco.com.

To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:

· At least one person in your household does not have health coverage AND

mber's state of legal result of the serviceer state. Consequently. ry service will remain change their state of 2058

re Colorado residents

equirements as other

ving in another state.

the preceding page.

o spends at least 305

the United States on

ax Return."

rn is June 15, 2022.

our return, you will

22. to file. Interest is 2. To avoid any late

of your tax liability by

er 15, 2022 and pay

ng. When filing your

x on Revenue Online

ed as a nonresident. tion by filing a return 104PN.

d in Colorado, but are pay Colorado tax on olorado source income

to Colorado taxation.

servicemembers for











you deducted state income tax aplete the worksheet below to calculate the Income Tay Deduction

Page 5

 You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing.

To share your information, complete form DR 0104EE. If you are using software to complete your tax return, the software may autofill the form for you. Check it to make sure it is accurate and complete. If you are filing a paper return. complete the DR 0104EE and include it with your return.

Line-by-Line Instructions for the **DR 0104FF**

Section A: Household Contact Information

Complete this information so Connect for Health Colorado can contact you to help you enroll in health coverage. Make sure your name, phone number, email address, and mailing address are correct and complete.

Section B: Household Member and Income Information

Complete this information so Connect for Health Colorado can check if you or members of your household qualify for free or reduced-cost health coverage. Your household includes yourself, your spouse, and any person that you claim as a tax dependent on your federal income tax return. Dependents are usually children who live with you but may include other relatives you support financially.

Line 1: Enter your tax household size here. Include yourself, your spouse, and anyone you claim as a dependent on your federal income tax return.

Line 2: Enter your adjusted gross income here. Adjusted gross income is found on line 11 of your federal tax form 1040, 1040-SR, or 1040-NR.

Line 3: Enter information about yourself, your spouse, and/or dependents for each member of your tax household in the table below.

Line 1 Federal Taxable Income

Refer to your federal income tax return to complete this line:

 Form 1040, 1040SR, 1040NR, or 1040SP line 15 If your federal taxable income is a negative amount, be to calculate on Schedu calculate th

13500

W

In

CC Complete th

income tax

a) Is the an

or	10)40);
th	an	th	e
10	140	SI	2

	1001
	No
	NO.
_	

	Van
L	res.

b) Total iter Form 10 Schedul

c) The amo

you coul

federal F

line 12a fe

d) Line (b)

Transfer to

Line 3 Q

line (a) or (d

Addback Taxpavers income und

required to to that ded greater tha

> This addba file a federa Alania faulana