Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return
2022 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.
☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	Your social security number
Lauren	Dorsey	593-94-4999
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Richard J	Dorsey	448-72-1648

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
60 Bigbee High Rd	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Ward	CO	804819630

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign 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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here . . ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
Lucia R	Dorsey	895-37-5980	Daughter	☒	☐
Rae l	Dorsey	072-31-1086	Daughter	☒	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	83,875.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	83,875.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Other income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	83,875.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	83,875.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	25,900.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	57,975.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	6,546.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,546.
19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	4,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,546.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your **total tax**	24	2,546.

Payments

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	3,680.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	3,680.
26	2022 estimated tax payments and amount applied from 2021 return			26	
27	Earned income credit (EIC) No	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	3,680.

If you have a qualifying child, attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1,134.
35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	1,134.
b	Routing number 063100277 c Type: ☒ Checking ☐ Savings		
d	Account number 2290351002222		
36	Amount of line 34 you want **applied to your 2023 estimated tax** 36		

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
38	Estimated tax penalty (see instructions) 38		

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Registered Nurse	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Electrician	
Phone no. (727)776-0253	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **47**

Name(s) shown on return: Lauren & Richard J Dorsey

Your social security number: 593-94-4999

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	83,875.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	83,875.
4	Number of qualifying children under age 17 with the required social security number	4	2		
5	Multiply line 4 by $2,000			5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	
8	Add lines 5 and 7			8	4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Is the amount on line 8 more than the amount on line 11?			12	4,000.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the **Credit Limit Worksheet A**			13	6,546.
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents**			14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐				
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			**16a**	0.
b	Number of qualifying children under 17 with the required social security number: _____ x $1,500. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			**16b**	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.				
17	Enter the **smaller** of line 16a or line 16b			**17**	
18a	Earned income (see instructions)	**18a**			
b	Nontaxable combat pay (see instructions) **18b**				
19	Is the amount on line 18a more than $2,500?				
	☐ **No.** Leave line 19 blank and enter -0- on line 20.				
	☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	**19**			
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			**20**	
	Next. On line 16b, is the amount $4,500 or more?				
	☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.				
	☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	**21**			
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .	**22**			
23	Add lines 21 and 22	**23**			
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	**24**			
25	Subtract line 24 from line 23. If zero or less, enter -0-			**25**	
26	Enter the **larger** of line 20 or line 25			**26**	
	Next, enter the **smaller** of line 17 or line 26 on line 27.				

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . .	**27**	

228454 11555

DR 8454 (01/26/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax.Colorado.gov

State of Colorado Income Tax Declaration for Online Electronic Filing

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

For Tax Year (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)
12/31/22	

Tax Type

[X] Individual Income (DR 0104) [ ] Corporate Income (DR 0112) [ ] Partnership/S-Corp Income (DR 0106) [ ] Fiduciary Income (DR 0105)

Taxpayer Last Name or Business Name	First Name or Business DBA if different from Business Name	Middle Initial
DORSEY	LAUREN	
Spouse's Last Name (if applicable)	**First Name**	**Middle Initial**
DORSEY	RICHARD	

Taxpayer SSN or ITIN	Spouse SSN or ITIN (if applicable)	FEIN
593-94-4999	448-72-1648	

Taxpayer or Business Address	City	State	ZIP
60 BIGBEE HIGH RD	WARD	CO	80481-9630

Part I — Tax Return Information

1. Total Income from your federal return (see instructions for more information)	**1**	$ 83875
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	**2**	$ 57975
3. Colorado Tax from your Colorado return (see instructions for more information)	**3**	$ 2551
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information)	**4**	$ 3446

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 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 (MM/DD/YY)
Spouse's Signature (If Joint Return, Both Must Sign)	**Date (MM/DD/YY)**

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here [X]

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 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 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 8454) 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, Your SSN, or ITIN
SELF-PREPARED	
Check if also Preparer [ ]	**Date (MM/DD/YY)**

220104 11555

DR 0104 (11/18/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

(0013)

2022 Colorado Individual Income Tax Return

[X] 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
DORSEY	LAUREN	

Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased
02/08/1990	593-94-4999	[ ] 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	6261	06/03/21

If Joint, Spouse's Last Name	Spouse's First Name	Middle Initial
DORSEY	RICHARD	J

Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased
08/26/1975	448-72-1648	[ ] 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
	FL	3060	11/05/20

Mailing Address	Phone Number
60 BIGBEE HIGH RD	(727)776-0253

City	State	ZIP Code	Foreign Country (if applicable)
WARD	CO	80481-9630	

[X] 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 **AND**
- 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.

Round To The Nearest Dollar

1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15.	● **1**	57975	00

Include W-2s and 1099s with CO withholding.

Additions to Federal Taxable Income

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

Name	SSN or ITIN
LAUREN & RICHARD J DORSEY	593-94-4999

4. Itemized Deduction addback (see instructions)	**4**		00
5. CollegeInvest Recapture Prior Year - Non-qualifying Tuition Program Contribution (see instructions)	**5**		00
6. Other Additions, explain (see instructions)	**6**		00
Explain:			
7. Subtotal, sum of lines 1 through 6	**7**	57975	00
Colorado Subtractions			
8. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return.	**8**		00
9. Colorado Taxable Income, subtract line 8 from line 7	**9**	57975	00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule			
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	**10**	2551	00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	**11**		00
12. Recapture of prior year credits	**12**		00
13. Subtotal, sum of lines 10 through 12	**13**	2551	00
14. Nonrefundable Credits from the DR 0104CR line 48, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	**14**		00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	**15**		00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	**16**		00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	**17**	2551	00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	**18**		00
19. Net Colorado Tax, sum of lines 17 and 18	**19**	2551	00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	**20**	3446	00
21. Prior-year Estimated Tax Carryforward	**21**		00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	**22**		00
23. Extension Payment remitted with the DR 0158-I	**23**		00

Name	SSN or ITIN
LAUREN & RICHARD J DORSEY	593-94-4999

24. Other Prepayments: ☐ • DR 0104BEP ☐ • DR 0108 ☐ • DR 1079 • **24**		00
25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • **25**		00
26. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. • **26**	0	00
27. Refundable Credits from the DR 0104CR line 14, you must submit the DR 0104CR with your return. • **27**	400	00
28. Subtotal, sum of lines 20 through 27 **28**	3846	00

Modified AGI for TABOR

Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, 1040 SR line 11, or 1040 SP line 11 • **29**	83875	00
30. Nontaxable Social Security Income • **30**		00
31. Nontaxable interest income from state and local bonds • **31**		00
32. Sum of lines 29 through 31: Modified AGI for TABOR **32**	83875	00

Modified AGI Tiers for State Sales Tax Refund

If line 32 is:	$48,000 or less	$48,001 – $95,000	$95,001 – $151,000	$151,001 – $209,000	$209,001 – $268,000	$268,001 – or more
Single Filers Enter	$153	$208	$234	$285	$300	$486
Joint Filers Enter	$306	$416	$468	$570	$600	$972

33. State Sales Tax Refund: For full-year Colorado residents, born before 2004, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Use the amount on line 32 and reference the table above. See instructions if you are filing an extension. • **33**	416	00
34. Sum of lines 28 and 33 **34**	4262	00
35. Overpayment, if line 34 is greater than line 19 then subtract line 19 from line 34 **35**	1711	00
36. Estimated Tax Credit Carryforward to 2023 first quarter, if any. • **36**		00

If you have an overpayment on line 37 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

37. Refund, subtract line 36 from line 35 (see instructions) • **37**	1711	00

Direct Deposit

Routing Number: 0 6 3 1 0 0 2 7 7 Type: [X] Checking ☐ Savings ☐ CollegeInvest 529

Account Number: 2 2 9 0 3 5 1 0 0 2 2 2

For questions regarding CollegeInvest direct deposit or to open an account, visit *CollegeInvest.org or* call 800-448-2424.

Name	SSN or ITIN
LAUREN & RICHARD J DORSEY	593-94-4999

38. Net Tax Due, subtract line 34 from line 19	**38**		0 0
39. Delinquent Payment Penalty (see instructions)	• **39**		0 0
40. Delinquent Payment Interest (see instructions)	• **40**		0 0
41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• **41**		0 0
42. Amount You Owe, sum of lines 38 through 41	• **42**		

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 any related information with the Colorado Department of Revenue? See the instructions. • [X] 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/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

REV 02/09/23 INTUIT.CG.CFP.SP

File and pay at: *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 80261-000**6**

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-000**5**

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

220104CR11555

DR 0104CR (12/09/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

Form 104CR
Individual Credit Schedule 2022

Taxpayer's Last Name	First Name	Middle Initial	SSN or ITIN
DORSEY	LAUREN		593-94-4999

Use this schedule to calculate your income tax credits. For best results, visit *Tax.Colorado.gov* to research eligibility requirements and other information about these credits before following the line-by-line instructions contained below.

- Be sure to submit the required supporting documentation as indicated for each credit.
- Most e-file software and tax preparers have the ability to submit this schedule and attachments electronically. However, Revenue Online can also be used to file your return and attachments electronically. Otherwise, include all required documents with your paper return.
- If you received any of these credits from a pass-through entity, be sure to provide the entity's name and account number and your ownership percentage where required. If credits were passed through from multiple entities, submit with your return a written statement that includes all relevant information.
- Dollar amounts shall be rounded to the nearest whole dollar. Calculate percentages to the fourth decimal place. Round to four significant digits, e.g. xxx.xxxx

Part I — Refundable Credits

1. CO Child tax credit from line 24 (or 26) of the DR 0104CN. You must submit the DR 0104CN with your return.	• **1**	400	00
2. Child Care Expenses Credit from the DR 0347, you must submit the DR 0347 with your return.	• **2**		00

SSN Filers Only - Earned Income Tax Credit (EITC) - full or part-year Colorado residents who claim the federal EITC are allowed an earned income tax credit against their income tax. Complete the table for each qualifying child. Read the instructions in the 104 book and Income Tax Topics: Earned Income Tax Credit for additional guidance on completing this section. Only check the "Deceased" box for a qualifying child if the child was born and died in 2022 and was not assigned an SSN. You must submit a copy of the child's birth certificate, death certificate, or hospital records showing a live birth with your return.

3. Enter the amount of Earned Income calculated for your federal return.	• **3**		00
4. The federal EITC you claimed.	• **4**		00

Qualifying Child's Last Name	Qualifying Child's First Name	Year of Birth	• SSN	Deceased*
				• ☐
				• ☐
				• ☐
				• ☐

*Check only if child was deceased before SSN was assigned in 2022, see instructions.

Name	SSN or ITIN
LAUREN & RICHARD J DORSEY	593-94-4999

5. COEITC, multiply line 4 by 20% (0.20)	**5**		00
6. *Part-year residents only*, multiply line 5 by the percentage on line 34 of the DR 0104PN (If the percentage exceeds 100%, use 100%.)	**6**		00
7. **Business Personal Property Credit:** Use the worksheet in the 104 Book instructions to calculate. You must submit copy of the assessor's statement with your return.	● **7**		00
8. Refundable Renewable Energy Tax Credit from line 86 of the DR 1366. You must submit the DR 1366 with your return.	● **8**	0	00
9. *ITIN Filers or Certain Filers Under Age 25 Only* - COEITC from line 20 (or 21) of DR 0104TN. You must submit DR 0104TN with your return.	● **9**		00
10. Early Childhood Educator Income Tax Credit. You must submit the DR 1703 with your return.	● **10**		00
11. Income Qualified Senior Housing Income Tax Credit. See Instructions.	● **11**		00
12. Electing Pass-Through Entity Owner Tax Credit (see instructions).	● **12**		00
13. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return.	● **13**		00
14. Total refundable credits, sum of lines 1, 2, 5 (or 6), 7, 8, 9, 10, 11, 12 and 13. Enter the sum on the DR 0104 line 27.	**14**	400	00

Part II — Credit for Tax Paid to Another State

- Colorado nonresidents do not qualify for this credit.
- Part-year residents generally do not qualify for this credit.
- If you have income and/or losses from two or more states, you must separately calculate lines 16 through 22 for each state, regardless of whether any tax was paid on such income. If you do not file electronically, you must submit the DR 0104CR for each state. Then, enter "Combined" on line 15 and complete lines 16 through 22 to disclose the combined total for each line. A summary schedule is not acceptable. **The Department strongly recommends electronic filing for taxpayers with credits for more than one state. Failure to file electronically may result in delays processing your return.**

Submit a copy of the tax return for each other state when claiming this credit. The portion of the return submitted must include the adjusted gross income calculation, any disallowed federal deductions by that state, and the tax calculation for the other state.

15. Name of other state:

16. Total of lines 10 and 11 Form 104	● **16**		00
17. Modified Colorado adjusted gross income from sources in the other state, see FYI Income 17.	● **17**		00
18. Total modified Colorado adjusted gross income	● **18**		00
19. Divide line 17 by line 18. Round to four significant digits, e.g. xxx.xxxx	**19**		%
20. Multiply line 16 by the percentage on line 19	**20**		00
21. **Tax liability to the other state**	● **21**		00
22. **Allowable credit**, the smaller of lines 20 or 21	● **22**		00

Name	SSN or ITIN
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Part III — Other Credits

Visit *Tax.Colorado.gov* for limitations that are specific to each credit. To report this properly, use the first column to report the total credit that is available (the amount generated this year plus any prior-year carryforward). Then, use the second column to report the amount you are using this year to offset your tax liability.

	Available Credit Column (A) ●		**Credit Used** Column (B) ●	
23. Plastic recycling investment credit, you must submit required receipts with your return. ● **23**		00		00
● Plastic recycling net expenditures amount (fill below):				
24. Colorado Minimum Tax Credit ● **24**		00		00
● 2022 Federal Minimum Tax Credit (fill below):				
25. **Carry forward of prior year** Historic Property Preservation credit (**per §39-22-514, C.R.S.**). ● **25**		00		00
26. Child Care Center Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● **26**		00		00
27. Employer Child Care Facility Investment credit, you must submit a copy of your facility license and a list of depreciable tangible personal property with your return. ● **27**		00		00
28. School-to-Career Investment credit, you must submit a copy of the certification with your return. ● **28**		00		00
29. Colorado Works Program credit, you must submit a copy of the letter from the county Department of Social/Human Services with your return. ● **29**		00		00
30. Child Care Contribution credit, you must submit each DR 1317 with your return. ● **30**		00		00
31. Long-term Care Insurance credit, you must submit a year-end statement to show premiums paid with your return. See FYI Income 37. ● **31**	0	00		00
32. Aircraft Manufacturer New Employee credit, you must submit the DR 0085 and DR 0086 with your return. ● **32**		00		00
33. Credit for Environmental Remediation of Contaminated Land, you must submit a copy of the CDPHE certification with your return. ● **33**		00		00
34. Colorado Job Growth Incentive credit, you must submit certification from OEDIT with your return. ● **34**		00		00
35. Certified Colorado Disability Funding Committee License Fee credit, you must submit a copy of the certification with your return. ● **35**		00		00
36. Advanced Industry Investment credit, you must submit a copy of the certification with your return. ● **36**		00		00
37. Affordable Housing credit, you must submit CHFA certification with your return. ● **37**		00		00

Name	SSN or ITIN
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	Available Credit Column (A) ●		Credit Used Column (B) ●	
38. Carry forward of prior year Credit for Food Contributed to Hunger-Relief Charitable Organizations, you must submit each DR 0346 and federal schedule F with your return. ● **38**		00		00
39. Preservation of Historic Structures credit (**per §39- 22-514.5, C.R.S.**) carried forward from a prior year. ● **39**		00		00
40. Preservation of Historic Structures credit (**per §39-22- 514.5, C.R.S.**), you must submit the certificate from OEDIT, History Colorado, or local granting authority with your return. ● **40**		00		00
41. If you are claiming the Preservation of Historic Structures credit enter your credit certificate number issued by OEDIT, History Colorado, or local granting authority. ● **41**				
42. Rural Jump–Start Zone credit, you must submit certificate from Office of Economic Development AND the DR 0113 with your return. ● **42**		00		00
43. Rural & Frontier Health Care Preceptor credit, you must submit your certification with your return. ● **43**		00		00
44. Retrofitting a Residence to Increase a Residence's Visitability Credit, you must submit certificate from Division of Housing. ● **44**		00		00
● If you are claiming a Retrofitting a Residence to Increase a Residence's Visitability Credit, enter your credit certificate number issued by Division of Housing				
45. Credit for employer contributions to employee 529 plan, you must submit DR 0289 with your return. ● **45**		00		00
46. Credit for employer paid leave of absence for live organ donation. Employer must complete and submit form DR 0375 with their return. ● **46**		00		00
47. Total of column A lines 23 through 46 (exclude line 41 certificate number) **47**	0	00		
48. Nonrefundable Credits Used, total of column B plus any amount from line 22, exclude line 41 certificate number. Also enter this amount on the DR 0104 line 14. Credit used cannot exceed credit available. **48**				00

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DR 0104EE (06/23/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

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	● First Name	● Middle Initial
DORSEY	LAUREN	

● Phone Number	● Email Address
(727)776-0253	LAURENDORSEY19@GMAIL.COM

● Mailing Address (Line 1)
60 BIGBEE HIGH RD

● Mailing Address (Line 2)

● City	● State	● ZIP Code
WARD	CO	80481-9630

Section B: Household Member and Income Information

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.

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 with spouses filing jointly and one tax dependent child = household size of 3; enter "3" in this field). ● **1**	4	
2. Enter your adjusted gross income from line 11 on your federal form 1040, 1040-SR, 1040(SP), or 1040-NR. ● **2**	83875	00
3. Enter information about **yourself**, your spouse, and all individuals that you claim as a dependent on your federal income tax return in the table below.		

● Last Name	● First Name	● Middle Initial	● Date of Birth	● SSN or ITIN (optional)
DORSEY	LAUREN		02/08/1990	593-94-4999
DORSEY	RICHARD	J	08/26/1975	448-72-1648
DORSEY	LUCIA	R	03/04/2020	895-37-5980
DORSEY	RAE	L	03/09/2022	072-31-1086

220104CN11555

DR 0104CN (11/09/22)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

2022 Colorado Child Tax Credit

Last Name	First Name	Middle Initial	SSN or ITIN
DORSEY	LAUREN		593-94-4999

Section A: Eligible Child Information

Eligible Child's Last Name	Eligible Child's First Name	Year of Birth	SSN or ITIN	Deceased
DORSEY	LUCIA	2020	895-37-5980	☐
DORSEY	RAE	2022	072-31-1086	☐
				☐
				☐

Section B: All Filers Complete This Section

1. Enter your federal adjusted gross income from your federal income tax return: 1040, 1040 NR, 1040 SR, or 1040 SP, line 11.	**1**	83875	00
If the amount on line 1 is greater than $75,000 ($85,000 for joint filers), do not complete this form. You are not eligible for the Colorado child tax credit.			
2. Enter the number of eligible children listed in the table in Section A of this form	**2**	2	
3. Multiply line 2 by $2,000	**3**	4000	00
4. Enter your federal tax amount from your federal income tax return: 1040, 1040NR, 1040 SR, or 1040 SP, line 18	**4**	6546	00

Continue to page 2

Last Name	First Name	Middle Initial	SSN or ITIN
DORSEY	LAUREN		593-94-4999

5. Enter the following amounts (if applicable) from your federal income tax return:

a. Schedule 3, line 1	0	00
b. Schedule 3, line 2	0	00
c. Schedule 3, line 3	0	00
d. Schedule 3, line 4	0	00
e. Schedule 3, line 6L	0	00
f. Form 8910, line 15	0	00
g. Form 8936, line 23	0	00
h. Schedule R, line 22	0	00

Total, sum of lines 5a through 5h	**5**	0	00
6. Subtract line 5 from line 4	**6**	6546	00
7. Enter the smaller of the amount on line 6 or the amount on line 3	**7**	4000	00

If the amount on line 6 is more than the amount on line 3, continue to Section E of this form. If the amount on line 3 is more than the amount on line 6, complete Section C of this form to determine if you are eligible for any additional child tax credit.

Section C: Additional Child Tax Credit

8. Subtract line 7 from line 3 in Section B of this form	**8**		00
9. Multiply the amount on line 2 in Section B of this form by $1,500	**9**		00
10. Enter the smaller of the amount on line 8 or the amount on line 9	**10**		00
11. Earned income (see instructions)	**11**		00
12. Is the amount on line 11 more than $2,500? ☐ Yes: Subtract $2,500 from the amount on line 11 and enter the result on this line 12 ☐ No: Leave this line blank and enter 0 (zero) on line 13	**12**		00
13. Multiply line 12 by 15% (0.15)	**13**		00

Section D: Certain Filers Who Have Three or More Eligible Children (see instructions)

14. Social security and Medicare taxes (see instructions)	**14**		00
15. Other taxes (see instructions)	**15**		00
16. Sum of lines 14 and 15	**16**		00

Continue to page 3

Last Name	First Name	Middle Initial	SSN or ITIN
DORSEY	LAUREN		593-94-4999

17. a. Earned income credit (see instructions)		00	
b. Excess social security and RRTA (see instructions)		00	
Sum of lines 17a through 17b	**17**		00
18. Subtract line 17 from line 16. If the result is zero or less, enter 0 (zero)	**18**		00
19. Enter the larger of line 13 or line 18	**19**		00
Enter the smaller of the amount on line 19 or the amount on line 10 in Section C of this form on line 21 in Section E of this form			

Section E: Colorado Child Tax Credit

20. Enter the amount on line 7 in Section B of this form	**20**	4000	00
21. Enter the result from Sections C and D (enter 0 (zero) if you skipped Section C as instructed after line 7)	**21**	0	00
22. Sum of lines 20 and 21	**22**	4000	00

Applicable Percentage Table

If filing single and line 1 in Section B is:	$25,000 or less	$25,001 or $50,000	$50,001 to $75,000
If filing jointly and line 1 in Section B is:	$35,000 or less	$35,001 or $60,000	$60,001 to $85,000
Applicable % is:	60% (0.60)	30% (0.30)	10% (0.10)

23. Enter the applicable % from the table above	**23**	0.10	%
24. Multiply line 22 by the percentage on line 23. This is your Colorado child tax credit. Enter this amount on line 1 of DR 0104CR if you are a full-year resident. Part-year residents, continue to line 25.	**24**	400	00
25. Part-year residents only, enter the percentage from line 34 of DR 0104PN. If the percentage is more than 100%, enter 100%.	**25**		%
26. Part-year residents only, multiply line 24 by the percentage on line 25. Enter this amount on line 1 of DR 0104CR	**26**		00