Electronic Filing Instructions for your 2023 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

INTUIT turbotax

Lauren & Richard J Dorsey
60 Bigbee High Rd
Ward, CO 80481-9630

Balance Due/ Refund

Your federal tax return (Form 1040) shows a balance due of $5,242.00.

Your return shows you have elected to pay your balance due of $5,242.00 by Direct Debit using the following information:

- Amount Withdrawn: $5,242.00
- Account Number: 18000000597815
- Routing Transit Number: 307076533
- Date of Withdrawal: 04/15/2024

What You Need to Keep

Your Electronic Filing Instructions (this form)
A copy of your federal return

2023 Federal Tax Return Summary

Adjusted Gross Income	$	146,127.00
Taxable Income	$	118,427.00
Total Tax	$	11,469.00
Total Payments/Credits	$	6,227.00
Payment Due	$	5,242.00
Effective Tax Rate		7.85%

Estimated Payments to Make for Next Year's Return

Estimated Payments for 2024 - Do not mail these vouchers with your 2023 income tax return. The estimated vouchers displayed below are used to prepay your 2024 income taxes that will be filed next year. If you expect to owe more than $1,000 in 2024, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2024	$ 1,311.00
2	06/17/2024	$ 1,311.00
3	09/16/2024	$ 1,311.00
4	01/15/2025	$ 1,311.00

Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.

Mail payments to:
Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Hi Lauren and Richard,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Premium:
Your Head Start On Next Year:
When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2023 taxes:

Your federal balance due is: $ 5,242.00

You qualified for these important credits:
- Child and Dependent Care Credit
- Child Tax Credit

Your Guarantee of Accuracy:
Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.
- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We asked you specific questions related to your business and found all the related deductions.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 04/15/2024

2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,311.

REV 02/11/24 TTO 1555

593-94-4999 448-72-1648
LAUREN DORSEY
RICHARD J DORSEY
60 BIGBEE HIGH RD
WARD CO 80481-9630

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

593944999 XU DORS 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 06/17/2024

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,311.

REV 02/11/24 TTO 1555

593-94-4999 448-72-1648
LAUREN DORSEY
RICHARD J DORSEY
60 BIGBEE HIGH RD
WARD CO 80481-9630

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

593944999 XU DORS 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 09/16/2024

2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,311.

REV 02/11/24 TTO 1555

593-94-4999 448-72-1648
LAUREN DORSEY
RICHARD J DORSEY
60 BIGBEE HIGH RD
WARD CO 80481-9630

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

593944999 XU DORS 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 01/15/2025

2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order. . . . . ►	1,311.

REV 02/11/24 TTO 1555

593-94-4999 448-72-1648
LAUREN DORSEY
RICHARD J DORSEY
60 BIGBEE HIGH RD
WARD CO 80481-9630

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

593944999 XU DORS 30 0 202412 430

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

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**

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ 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: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ 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	146,127.
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	146,127.
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	Additional income from Schedule 1, line 10			8	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	146,127.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	146,127.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	118,427.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- 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	16,669.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,669.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	1,200.
	21	Add lines 19 and 20	21	5,200.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	11,469.
	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	11,469.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 6,227.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	6,227.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 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	6,227.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36:		
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	5,242.
	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.

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	

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

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 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Lauren & Richard J Dorsey

Your social security number
593-94-4999

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			**1**	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			**2**	1,200.
3	Education credits from Form 8863, line 19			**3**	
4	Retirement savings contributions credit. Attach Form 8880			**4**	
5a	Residential clean energy credit from Form 5695, line 15			**5a**	
b	Energy efficient home improvement credit from Form 5695, line 32			**5b**	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	**6a**			
b	Credit for prior year minimum tax. Attach Form 8801	**6b**			
c	Adoption credit. Attach Form 8839	**6c**			
d	Credit for the elderly or disabled. Attach Schedule R	**6d**			
e	Reserved for future use	**6e**			
f	Clean vehicle credit. Attach Form 8936	**6f**			
g	Mortgage interest credit. Attach Form 8396	**6g**			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	**6h**			
i	Qualified electric vehicle credit. Attach Form 8834	**6i**			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	**6j**			
k	Credit to holders of tax credit bonds. Attach Form 8912	**6k**			
l	Amount on Form 8978, line 14. See instructions	**6l**			
m	Credit for previously owned clean vehicles. Attach Form 8936	**6m**			
z	Other nonrefundable credits. List type and amount: _____	**6z**			
7	Total other nonrefundable credits. Add lines 6a through 6z			**7**	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			**8**	1,200.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other payments or refundable credits. List type and amount: _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

Form **2441**

Department of the Treasury
Internal Revenue Service

Child and Dependent Care Expenses

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

Go to *www.irs.gov/Form2441* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **21**

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

Your social security number: 593-94-4999

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box . . ☐

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of $250 or $500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box . ☐

Part I Persons or Organizations Who Provided the Care—You **must** complete this part.

If you have more than three care providers, see the instructions and check this box . . . . . ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
Neices Little Nest	10973 Dahlia Way thornton CO 80233	92-1385694	☐ Yes ☒ No	3,640.
a Childs Touch	9141 Poze Blvd Thornton CO 80229	84-0738499	☐ Yes ☒ No	3,905.
kidstown	537 W highlands ranch pkwy #110 highlands ranch CO 80129	88-1777670	☐ Yes ☒ No	591.

Did you receive **dependent care benefits**?

- **No** — Complete only Part II below.
- **Yes** — Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
Lucia R	Dorsey	895-37-5980	☐	6,380.
Rae L	Dorsey	072-31-1086	☐	2,526.
			☐	

3	Add the amounts in column (d) of line 2. **Don't** enter more than $3,000 if you had one qualifying person or $6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 .	**3**	6,000.
4	Enter your **earned income**. See instructions	**4**	117,806.
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4	**5**	28,321.
6	Enter the **smallest** of line 3, 4, or 5	**6**	6,000.
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 . . . **7** 146,127.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7.		

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35	$25,000	27,000	.29	$37,000	39,000	.23
15,000	17,000	.34	27,000	29,000	.28	39,000	41,000	.22
17,000	19,000	.33	29,000	31,000	.27	41,000	43,000	.21
19,000	21,000	.32	31,000	33,000	.26	43,000	No limit	.20
21,000	23,000	.31	33,000	35,000	.25			
23,000	25,000	.30	35,000	37,000	.24			

		8	X .20
9a	Multiply line 6 by the decimal amount on line 8	**9a**	1,200.
b	If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	**9b**	0.
c	Add lines 9a and 9b and enter the result	**9c**	1,200.
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 16,669.		
11	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	**11**	1,200.

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

2023

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**	146,127.
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**	146,127.
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 **Credit Limit Worksheet A**			**13**	15,469.
14	Enter the smaller of line 12 or line 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 $1,600. 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 $4,800 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, or if you are a bona fide resident of Puerto Rico, 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**

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at https://www.treasury.gov/tigta/.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Lauren Dorsey

Please type the date below:

02/16/2024

Date

Richard Dorsey

02/16/2024

Electronic Filing Instructions for your 2023 Colorado Tax Return

Important: Your taxes are not finished until all required steps are completed.

Lauren & Richard J Dorsey
60 Bigbee High Rd
Ward, CO 80481-9630

Balance Due/ Refund	Your Colorado state tax return (Form 104) shows a refund due to you in the amount of $2,187.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 18000000597815 Routing Transit Number: 307076533.
Where's My Refund?	Before you call the Colorado Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Colorado Department of Revenue directly at 1-303-238-7378. From outside of Colorado use 1-303-238-3278. You can also visit the Colorado Department of Revenue web site at tax.colorado.gov/where-is-my-refund.
What You Need to Sign	Sign and date Form DR 8454 within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Colorado Department of Revenue already has your return.
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form DR 8454 A copy of your state and federal returns All W-2's, W-2G's and 1099's that report Colorado withholding
2023 Colorado Tax Return Summary	Taxable Income $ 118,129.00 Total Tax $ 5,198.00 Total Payments/Credits $ 5,785.00 Amount to be Refunded $ 2,187.00

238454 11555

DR 8454 (09/28/23)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax.Colorado.gov
Page 1 of 1

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)
12/31/23	

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**	$ 146127
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	**2**	$ 118427
3. Colorado Tax from your Colorado return (see instructions for more information)	**3**	$ 5198
4. Colorado Tax Withheld or Payments, from your Colorado return (see instructions or more information)	**4**	$ 5785

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)

230104 11555

DR 0104 (11/28/23)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

(0013)

2023 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
CO	4033	09/12/23

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

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

[ ] 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 • **1**	118427	00
Include W-2s and 1099s with CO withholding.		
Additions to Federal Taxable Income		
2. State and Local Income taxes or general sales taxes claimed on federal form 1040, Schedule A. (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. Federal Deduction addback (see instructions)	• **4**		0 0
5. Nonqualified CollegeInvest Tuition Savings Account distributions (see instructions)	• **5**		0 0
6. Nonqualified Colorado ABLE Account distributions (see instructions)	• **6**		0 0
7. Other Additions, explain (see instructions)	• **7**		0 0
Explain:			
8. Subtotal, sum of lines 1 through 7	**8**	118427	0 0
Colorado Subtractions			
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the DR 0104AD schedule with your return.	• **9**	298	0 0
10. Colorado Taxable Income, subtract line 9 from line 8	• **10**	118129	0 0
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule			
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• **11**	5198	0 0
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• **12**		0 0
13. Recapture of prior year credits	• **13**		0 0
14. Subtotal, sum of lines 11 through 13	**14**	5198	0 0
15. Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, and 17 cannot exceed line 14, you must submit the DR 0104CR with your return.	• **15**		0 0
16. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 15, 16, and 17 cannot exceed line 14, you must submit the DR 1366 with your return.	• **16**		0 0
17. Strategic Capital Tax Credit from DR 1330, the sum of lines 15, 16, and 17 cannot exceed line 14, you must submit the DR 1330 with your return.	• **17**		0 0
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14.	**18**	5198	0 0
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• **19**		0 0
20. Net Colorado Tax, sum of lines 18 and 19	**20**	5198	0 0
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• **21**	5785	0 0
22. Prior-year Estimated Tax Carryforward	• **22**		0 0
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• **23**		0 0
24. Extension Payment remitted with the DR 0158-I	• **24**		0 0

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

25. Other Prepayments: ☐ • DR 0104BEP ☐ • DR 0108 ☐ • DR 1079 • **25**		0 0
26. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • **26**		0 0
27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. • **27**	0	0 0
28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return. • **28**		0 0
29. Subtotal, sum of lines 21 through 28 **29**	5785	0 0

Modified AGI for TABOR

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

30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP • **30**	146127	0 0
31. Nontaxable Social Security Income • **31**		0 0
32. Nontaxable interest income from state and local bonds • **32**		0 0
33. Sum of lines 30 through 32: Modified AGI for TABOR **33**	146127	0 0

This space is reserved for future use.

34. State Sales Tax Refund: For full-year Colorado residents, born before 2005, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter $800 for one qualifying taxpayer or $1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension. • **34**	1600	0 0
35. Sum of lines 29 and 34 **35**	7385	0 0
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 **36**	2187	0 0
37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. • **37**		0 0

If you have an overpayment on line 38 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

38. Refund, subtract line 37 from line 36 (see instructions) • **38**	2187	0 0

Direct Deposit

Routing Number 3 0 7 0 7 6 5 3 3 Type: [X] Checking [ ] Savings [ ] CollegeInvest 529

Account Number 1 8 0 0 0 0 0 0 5 9 7 8 1 5

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

39. Net Tax Due, subtract line 35 from line 20	**39**		0 0
40. Delinquent Payment Penalty (see instructions)	**40**		0 0
41. Delinquent Payment Interest (see instructions)	**41**		0 0
42. Estimated Tax Penalty, you must submit the DR 0204 with your return (see instructions)	**42**		0 0
43. Amount You Owe, sum of lines 39 through 42	**43**		

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 01/22/24 TTO

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.

230104AD11555

DR 0104AD (09/28/23)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

2023 DR 0104AD – Subtractions from Income Schedule

If claiming a subtraction and filing by paper, you must submit this schedule with your return.

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name	SSN or ITIN
LAUREN DORSEY	593-94-4999

Subtractions from Federal Taxable Income

1. Taxable refunds, credits, and offsets of state and local taxes from Federal Form 1040, Schedule 1.		● **1**	0 00
2. U.S. Government Interest		● **2**	00
3. Primary Taxpayer Social Security Benefits (including SSDI) received that were included in Federal Taxable Income (see instructions)		● **3**	00
4. Primary Taxpayer Pension, Annuity, IRA, or Disability Income (not including SSDI) (see instructions)	● Deceased SSN or ITIN	● **4**	00
5. Spouse Social Security Benefits (including SSDI) received that were included in Federal Taxable Income (See instructions)		● **5**	00
6. Spouse Pension, Annuity, IRA, or Disability Income (not including SSDI) (see instructions)	● Deceased SSN or ITIN	● **6**	00
7. Primary Taxpayer Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return (see instructions)		● **7**	00
8. Spouse Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return (see instructions)		● **8**	00
9. Colorado Agricultural Land Capital Gain Subtraction. You must submit a DR 1316 with your return to qualify for this subtraction.		● **9**	00
10. CollegeInvest Contribution: (see instructions)	● Owner's SSN or ITIN	● **10**	00

● Total Contribution	● Owner's Name

Name	SSN or ITIN
LAUREN DORSEY	593-94-4999

11. Colorado ABLE Contribution: (see instructions)	● Owner's SSN or ITIN	● **11**		00
● Total Contribution	● Owner's Name			
12. Qualifying Charitable Contribution	● Total Contribution $ 798	● **12**	298	00
13. Qualified Reservation Income		● **13**		00
14. PERA/DPSRS Subtraction, for PERA contributions made in 1984–1986 or DPSRS contributions made in 1986		● **14**		00
15. Railroad Benefit Subtraction		● **15**		00
16. Wildfire Mitigation Measures Subtraction		● **16**		00
17. Colorado Marijuana Business Deduction		● **17**		00
18. Non-Resident Disaster Relief Worker Subtraction		● **18**		00

● Natural Disaster: Enter the executive order number(s) from the Colorado governor's office that declared the state disaster emergency "D YYYY-###" (see instructions)

19. Reacquisition of Colorado Residency During Active Duty Military Service Subtraction	● **19**		00
20. First Time Home Buyer Savings Account Interest Deduction, you must submit form DR 0350(s) with your return	● **20**		00
21. Other Subtractions, explain below	● **21**		00

Explain

22. Carryforward Subtractions Allowed Under HB21-1002 (see instructions)	● **22**		00
23. Subtotal, sum of lines 1 through 22, transfer the amount to line 9 on the DR 0104	● **23**	298	00