2024 Tax Return

Prepared by TaxSlayer

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶ 53003222025103418241 8

Taxpayer's name	Social security number
LAUREN A DORSEY	593-94-4999
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	119003
2	Total tax	2	15475
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6609
4	Amount you want refunded to you	4	
5	Amount you owe	5	5266

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN 0 2 0 8 9 as my
ERO firm name — Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.

☒ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN _____ as my
ERO firm name — Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ TAXSLAYER Date ▶ 06/23/2025

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Estimated Tax Voucher Filing Instructions

2025

Name(s) as shown on return	Your social security number
LAUREN A DORSEY	593-94-4999

Date to file by: 04/15/2025

Payment 900

Payment Method Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" And your SSN on your check Or money order. To pay by credit card, go to https://www.irs.gov/payments.

Address to file Internal Revenue Service
Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

Other Instructions Detach the appropriate voucher along the dotted line And mail it with your payment. Enclose, but do Not staple Or attach, your payment with the voucher.

Taxpayer Records

Amount Paid _____

Check Number _____

Date Mailed _____

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax

Payment Voucher **1**

OMB No. 1545-0074

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 "United States Treasury." Write your social security number And "2025 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.

Calendar year--Due April 15, 2025

Amount of estimated tax you are paying by check or money order. 900

1038

LAUREN A DORSEY
10975 BIRCH DR
DENVER CO 80233

Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

QNA 593944999 XU DORS 30 0 202512 430

Estimated Tax Voucher Filing Instructions

2025

Name(s) as shown on return	Your social security number
LAUREN A DORSEY	593-94-4999

Date to file by: 06/16/2025

Payment 900

Payment Method Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" And your SSN on your check Or money order. To pay by credit card, go to https://www.irs.gov/payments.

Address to file Internal Revenue Service
Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

Other Instructions Detach the appropriate voucher along the dotted line And mail it with your payment. Enclose, but do Not staple Or attach, your payment with the voucher.

Taxpayer Records

Amount Paid _____

Check Number _____

Date Mailed _____

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax

Payment Voucher **2**

OMB No. 1545-0074

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 "United States Treasury." Write your social security number And "2025 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.

Calendar year--Due June 16, 2025

Amount of estimated tax you are paying by check or money order. 900

1038

LAUREN A DORSEY
10975 BIRCH DR
DENVER CO 80233

Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

QNA 593944999 XU DORS 30 0 202512 430

Estimated Tax Voucher Filing Instructions

2025

Name(s) as shown on return	Your social security number
LAUREN A DORSEY	593-94-4999

Date to file by: 09/15/2025

Payment: 900

Payment Method: Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to https://www.irs.gov/payments.

Address to file: Internal Revenue Service
Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

Other Instructions: Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid _____

Check Number _____

Date Mailed _____

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax

Payment Voucher **3**

OMB No. 1545-0074

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 "United States Treasury." Write your social security number And "2025 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.

Calendar year--Due September 15, 2025

Amount of estimated tax you are paying by check or money order. 900

1038

LAUREN A DORSEY
10975 BIRCH DR
DENVER CO 80233

Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

QNA 593944999 XU DORS 30 0 202512 430

Estimated Tax Voucher Filing Instructions

2025

Name(s) as shown on return	Your social security number
LAUREN A DORSEY	593-94-4999

Date to file by: 01/15/2026

Payment: 900

Payment Method: Make your check Or money order payable to "United States Treasury". Do Not send cash. Enter "2025 Form 1040-ES" and your SSN on your check or money order. To pay by credit card, go to https://www.irs.gov/payments.

Address to file: Internal Revenue Service
Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

Other Instructions: Detach the appropriate voucher along the dotted line and mail it with your payment. Enclose, but do not staple or attach, your payment with the voucher.

Taxpayer Records:

Amount Paid _____

Check Number _____

Date Mailed _____

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2025 Estimated Tax

Payment Voucher **4**

OMB No. 1545-0074

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 "United States Treasury." Write your social security number And "2025 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.

Calendar year--Due January 15, 2026

Amount of estimated tax you are paying by check or money order. 900

1038

LAUREN A DORSEY
10975 BIRCH DR
DENVER CO 80233

Internal Revenue Service
P.O. BOX 802502
CINCINNATI, OH 45280-2502

QNA 593944999 XU DORS 30 0 202512 430

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** | **2024** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
LAUREN A	DORSEY	593-94-4999
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		448-72-1648

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
10975 BIRCH DR

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
DENVER CO 80233

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: RICHARD J DORSEY
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, 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, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ 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) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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	118951
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	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	118951
2a	Tax-exempt interest	2a		b Taxable interest	2b	52
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	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	119003
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	119003
12	**Standard deduction or itemized deductions** (from Schedule A)				12	26159
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	26159
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	92844

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- 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	15475
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	15475
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	15475
	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	15475
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 6609		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	6609
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	3600
	27	Earned income credit (EIC) — 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	10209
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 2025 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	5266
	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): WAIVER

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.)

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

Phone no. (808) 333-9273 Email address LAURENDORSEY19@GMAIL.COM

Paid Preparer Use Only

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

QNA

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/Form2210* for instructions and the latest information.

OMB No. 1545-0140

2024

Attachment Sequence No. **06**

Name(s) shown on tax return: LAUREN DORSEY

Identifying number: 593-94-4999

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than $1,000?
- **Yes** → **Don't file Form 2210.** You don't owe a penalty.
- **No** → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?
  - **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.
  - **No** → You may owe a penalty. Does any box in Part II below apply?
    - **Yes** → You **must** file Form 2210. Does box **B**, **C**, or **D** in Part II apply?
      - **Yes** → You must figure your penalty.
      - **No** → You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210**.
    - **No** → **Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210**.

Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	15475
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Other payments and refundable credits (see instructions)	3	( )
4	Current year tax. Combine lines 1, 2, and 3. If less than $1,000, **stop**; you don't owe a penalty. **Don't** file Form 2210	4	15475
5	Multiply line 4 by 90% (0.90) — 5: 13928		
6	Withholding taxes. **Don't** include estimated tax payments. See instructions	6	6609
7	Subtract line 6 from line 4. If less than $1,000, **stop**; you don't owe a penalty. **Don't** file Form 2210	7	8866
8	Maximum required annual payment based on prior year's tax (see instructions)	8	11469
9	**Required annual payment.** Enter the **smaller** of line 5 or line 8	9	11469

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.

☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

A ☒ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.

B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.

D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E ☒ You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

Part III Penalty Computation (See the instructions if you're filing Form 1040-NR.)

Section A—Figure Your Underpayment

		Payment Due Dates			
		(a) 4/15/24	(b) 6/15/24	(c) 9/15/24	(d) 1/15/25
10 **Required installments.** If box C in Part II applies, enter the amounts from Schedule AI, line 27. Otherwise, enter 25% (0.25) of line 9, Form 2210, in each column. For fiscal year filers, see instructions	**10**	2867	2867	2867	2867
11 Estimated tax paid and tax withheld (see the instructions). For column (a) only, also enter the amount from line 11 on line 15, column (a). If line 11 is equal to or more than line 10 for all payment periods, stop here; you don't owe a penalty. **Don't file Form 2210 unless you checked a box in Part II**	**11**	2552	2552	2552	2553

Complete lines 12 through 18 of one column before going to line 12 of the next column.

12 Enter the amount, if any, from line 18 in the previous column	**12**				
13 Add lines 11 and 12	**13**		2552	2552	2553
14 Add the amounts on lines 16 and 17 in the previous column	**14**		315	630	945
15 Subtract line 14 from line 13. If zero or less, enter -0-. For column (a) only, enter the amount from line 11	**15**	2552	2237	1922	1608
16 If line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	**16**				
17 **Underpayment.** If line 10 is equal to or more than line 15, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	**17**	315	630	945	1259
18 **Overpayment.** If line 15 is more than line 10, subtract line 10 from line 15. Then go to line 12 of the next column	**18**				

Section B—Figure the Penalty (Use the Worksheet for Form 2210, Part III, Section B—Figure the Penalty in the instructions.)

19 **Penalty.** Enter the total penalty from line 14 of the Worksheet for Form 2210, Part III, Section B—Figure the Penalty. Include this amount on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. **Don't file Form 2210 unless you checked a box in Part II**	**19**	0

Schedule AI—Annualized Income Installment Method (See the instructions.)

Estates and trusts, **don't** use the period ending dates shown to the right. Instead, use the following: 2/29/24, 4/30/24, 7/31/24, and 11/30/24.		(a) 1/1/24–3/31/24	(b) 1/1/24–5/31/24	(c) 1/1/24–8/31/24	(d) 1/1/24–12/31/24
Part I Annualized Income Installments					
1 Enter your adjusted gross income for each period. See instructions. (Estates and trusts, enter your taxable income without your exemption for each period.)	1				119003
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3				119003
4 If you itemize, enter itemized deductions for the period shown in each column. All others, enter -0-, and skip to line 7. **Exception:** Estates and trusts, skip to line 9	4				26159
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5	6				26159
7 In each column, enter the amount of your standard deduction from Form 1040 or 1040-SR. (Form 1040-NR filers, enter -0-. **Exception:** Indian students and business apprentices, see instructions.)	7	14600	14600	14600	14600
8 Enter the **larger** of line 6 or line 7	8	14600	14600	14600	26159
9 Deduction for qualified business income. **Estates and trusts:** Subtract this amount from the amount on line 3, skip line 10, and enter the result on line 11	9				
10 Add lines 8 and 9	10	14600	14600	14600	26159
11 Subtract line 10 from line 3	11	-14600	-14600	-14600	92844
12 Form 1040, 1040-SR, or 1040-NR filers, enter -0- in each column. (Estates and trusts, see instructions.)	12				
13 Subtract line 12 from line 11. If zero or less, enter -0-	13				92844
14 Figure your tax on the amount on line 13. See instructions	14				15475
15 Self-employment tax from line 36 (complete Part II below)	15				
16 Enter other taxes for each payment period including, if applicable, Additional Medicare Tax and/or Net Investment Income Tax. See instructions	16				
17 Total tax. Add lines 14, 15, and 16	17				15475
18 For each period, enter the same type of credits as allowed on Form 2210, Part I, lines 1 and 3. See instructions	18				
19 Subtract line 18 from line 17. If zero or less, enter -0-	19				15475
20 Applicable percentage	20	22.5%	45%	67.5%	90%
21 Multiply line 19 by line 20	21				13928

Complete lines 22–27 of one column before going to line 22 of the next column.

22 Enter the total of the amounts in all previous columns of line 27	22				
23 Subtract line 22 from line 21. If zero or less, enter -0-	23				13928
24 Enter 25% (0.25) of line 9 on page 1 of Form 2210 in each column	24				
25 Subtract line 27 of the previous column from line 26 of that column	25				
26 Add lines 24 and 25	26				
27 Enter the **smaller** of line 23 or line 26 here and on Form 2210, Part III, line 10	27				
Part II Annualized Self-Employment Tax (Form 1040, 1040-SR, or 1040-NR filers only)					
28 Net earnings from self-employment for the period (see instructions)	28				
29 Prorated social security tax limit	29	$42,150	$70,250	$112,400	$168,600
30 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax. **Exception:** If you filed Form 4137 or Form 8919, see instructions	30				
31 Subtract line 30 from line 29. If zero or less, enter -0-	31				
32 Annualization amounts	32	0.496	0.2976	0.186	0.124
33 Multiply line 32 by the **smaller** of line 28 or line 31	33				
34 Annualization amounts	34	0.116	0.0696	0.0435	0.029
35 Multiply line 28 by line 34	35				
36 Add lines 33 and 35. Enter here and on line 15 above	36				

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2024

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

LAUREN DORSEY

Your social security number

593-94-4999

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040 or 1040-SR, line 11	2			
	3 Multiply line 2 by 7.5% (0.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐	5a	4800		
	b State and local real estate taxes (see instructions)	5b	5422		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	10222		
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	5000		
	6 Other taxes. List type and amount:	6			
	7 Add lines 5e and 6			7	5000
Interest You Paid **Caution:** Your mortgage interest deduction may be limited. See instructions.	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	20971		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved for future use	8d			
	e Add lines 8a through 8c	8e	20971		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	20971
Gifts to Charity **Caution:** If you made a gift and got a benefit for it, see instructions.	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	188		
	12 Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13			14	188
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:			16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17	26159
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐				

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2024

Attachment Sequence No. **08**

Name(s) shown on return: LAUREN DORSEY

Your social security number: 593-94-4999

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: EVERBANK	1	52
2	Add the amounts on line 1	2	52
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	52

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer:	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (**a**) had over $1,500 of taxable interest or ordinary dividends; (**b**) had a foreign account; or (**c**) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Supporting Statement for Form 2210
Client : LAUREN DORSEY 593-94-4999

Waiver Request Explanation Form 2210

SPOUSE AND I BOTH ACCIDENTALLY CLAIMED OUR KIDS ON W4

Worksheet for Form 2210, Part III, Section B—Figure the Penalty (Penalty Worksheet)

Keep for Your Records

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/24	(b) 06/15/24	(c) 09/15/24	(d) 01/15/25
1a Enter your underpayment from Part III, Section A, line 17	1a	315	630	945	1259
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). **Note.** Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b				
Rate Period 1: April 16, 2024–June 30, 2024					
2 Computation starting dates for this period	2	04/15/24	06/15/24		
3 Number of days **from** the date on line 2 to the date the amount on line 1a was paid **or** 06/30/24, whichever is earlier	3	Days: 76	Days: 15		
4 Underpayment on line 1a × Number of days on line 3 / 366 × 0.08	4	$ 5	$ 2		
Rate Period 2: July 1, 2024–September 30, 2024					
5 Computation starting dates for this period	5	06/30/24	06/30/24	09/15/24	
6 Number of days **from** the date on line 5 to the date the amount on line 1a was paid **or** 09/30/24, whichever is earlier	6	Days: 92	Days: 92	Days: 15	
7 Underpayment on line 1a × Number of days on line 6 / 366 × 0.08	7	$ 6	$ 13	$ 3	
Rate Period 3: October 1, 2024–December 31, 2024					
8 Computation starting dates for this period	8	09/30/24	09/30/24	09/30/24	
9 Number of days **from** the date on line 8 to the date the amount on line 1a was paid **or** 12/31/24, whichever is earlier	9	Days: 92	Days: 92	Days: 92	
10 Underpayment on line 1a × Number of days on line 9 / 366 × X.XX	10	$ 6	$ 13	$ 19	
Rate Period 4: January 1, 2025–April 15, 2025					
11 Computation starting dates for this period	11	12/31/24	12/31/24	12/31/24	01/15/25
12 Number of days **from** the date on line 11 to the date the amount on line 1a was paid **or** 04/15/25, whichever is earlier	12	Days: 105	Days: 105	Days: 105	Days: 90
13 Underpayment on line 1a × Number of days on line 12 / 365 × X.XX	13	$ 6	$ 13	$ 19	$ 22
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14				$ 0

248454 11038

DR 8454 (11/04/24)
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)
12/31/24	

Income Tax Type

[X] Individual (DR 0104) [ ] C-Corporation (DR 0112) [ ] Partnership/S-Corp (DR 0106) [ ] Fiduciary (DR 0105) [ ] Exempt Entity (DR 0990)

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

Taxpayer's SSN or ITIN	Spouse's SSN or ITIN (if applicable)	FEIN
593-94-4999		

Taxpayer's or Business's Address	City	State	ZIP
10975 BIRCH DR	DENVER	CO	80233

Part I — Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	$ 119003
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	2	$ 92844
3. Colorado Tax (or recapture of prior year credits) from your Colorado return (see instructions for more information)	3	$ 3946
4. Colorado Tax Withheld, Payments, or Credits from your Colorado return (see instructions for more information)	4	$ 4800

Part II — Declaration of Taxpayer

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 of taxpayer, fiduciary officer, or partner	Title	Date (MM/DD/YY)
		06/23/25
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
	593944999
Check if also Preparer [ ]	Date (MM/DD/YY) 06/23/25

240104 11038

DR 0104 (10/15/24)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

(0013)

2024 Colorado Individual Income Tax Return

• Residency Status

[X] Full-Year

[ ] Part-Year or Nonresident (or combination of full-year, part-year, or nonresident). You must submit form DR 0104PN with your return.

[ ] Abroad on due date

Taxpayer Information

• Your Last Name	• Your First Name	• Your Middle Initial
DORSEY	LAUREN	A

• Date of Birth (MM/DD/YYYY)	• SSN or ITIN	Deceased:	• Yes - If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.
02/08/1990	593-94-4999	[ ]	

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	06/03/2021

Spouse's Information

• If Joint, Spouse's Last Name	• Spouse's First Name	• Spouse's Middle Initial

• Date of Birth (MM/DD/YYYY)	• SSN or ITIN	Deceased:	• Yes - 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

This page is required.

Your Last Name (match page 1): DORSEY

Your First Name (match page 1): LAUREN

Your Middle Initial: A

SSN or ITIN (match page 1): 593-94-4999

Contact Information

● Mailing Address: 10975 BIRCH DR

● Phone Number: 808-333-9273

● City: DENVER

● State: CO

● ZIP Code: 80233

● Foreign Country (if applicable):

Dependents

If you have more than 5 dependents, you must file electronically.

Dependent 1: Child Tax Credit: ☐ ● Yes Deceased: ☐ ● Yes

● Last Name	● First Name	● SSN or ITIN	● Year of Birth

Dependent 2: Child Tax Credit: ☐ ● Yes Deceased: ☐ ● Yes

● Last Name	● First Name	● SSN or ITIN	● Year of Birth

Dependent 3: Child Tax Credit: ☐ ● Yes Deceased: ☐ ● Yes

● Last Name	● First Name	● SSN or ITIN	● Year of Birth

Dependent 4: Child Tax Credit: ☐ ● Yes Deceased: ☐ ● Yes

● Last Name	● First Name	● SSN or ITIN	● Year of Birth

Dependent 5: Child Tax Credit: ☐ ● Yes Deceased: ☐ ● Yes

● Last Name	● First Name	● SSN or ITIN	● Year of Birth

This page is required.

Your Last Name (match page 1)	Your First Name (match page 1)	Your Middle Initial
DORSEY	LAUREN	A

SSN or ITIN (match page 1)

593-94-4999

☐ 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.	Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 15	**1**	92844 00

Additions to Federal Taxable Income

2.	State and Local Income taxes or general sales taxes claimed on federal form 1040, Schedule A, line 5a. (see instructions)	**2**	00
3.	Qualified Business Income Deduction Addback (see instructions)	**3**	00
4.	Standard or Itemized Federal Deduction Addback (see instructions)	**4**	00
5.	Business meals deducted pursuant to section 274(k) of the Internal Revenue Code	**5**	00
6.	Nonqualified CollegeInvest Tuition Savings Account distributions (see instructions)	**6**	00
7.	Nonqualified Colorado ABLE Account distributions (see instructions)	**7**	00
8.	Other Additions, explain (see instructions)	**8**	00

Explain:

9.	Subtotal, sum of lines 1 through 8	**9**	92844 00

This page is required.

Your Last Name (match page 1)	Your First Name (match page 1)	Your Middle Initial
DORSEY	LAUREN	A

SSN or ITIN (match page 1)

593-94-4999

Colorado Subtractions

10. Subtractions from the DR 0104AD Schedule, line 25, you must submit the DR 0104AD schedule with your return	• **10**		00
11. Colorado Taxable Income, subtract line 10 from line 9	• **11**	92844	00

Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule

12. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable …	• **12**	3946	00
13. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return	• **13**		00
14. Recapture of prior year credits	• **14**		00
15. Subtotal, sum of lines 12 through 14	**15**	3946	00
16. Nonrefundable Credits from the DR 0104CR line 63, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit the DR 0104CR with your return	• **16**		00
17. Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 26, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit the DR 1366 with your return	• **17**		00
18. Nonrefundable CHIPS Zone Credit from 1370, line 22, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit DR 1370 with your return	• **18**		00
19. Strategic Capital Tax Credit from DR 1330, the sum of lines 16, 17, 18, and 19 cannot exceed line 15, you must submit the DR 1330 with your return	• **19**		00
20. Net Income Tax, sum of lines 16, 17, 18, and 19. Subtract that sum from line 15	**20**	3946	00
21. Colorado Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return	• **21**	4800	00

This page is required.

Your Last Name (match page 1)	Your First Name (match page 1)	Your Middle Initial
DORSEY	LAUREN	A

SSN or ITIN (match page 1): 593-94-4999

Tax, Prepayments and Credits (continued):

22. Prior-year Estimated Tax Carryforward	• **22**		00
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• **23**		00
24. Extension Payment remitted with the DR 0158-I	• **24**		00
25. Other Prepayments: ☐ • DR 0104BEP ☐ • DR 1079	• **25**		00
26. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return	• **26**		00
27. Innovative Motor Vehicle and Innovative Truck Credit for a vehicle you purchased or leased from form DR 0617, you must submit the DR 0617(s) with your return	• **27**		00
28. Refundable Credits from the DR 0104CR line 23, you must submit the DR 0104CR with your return	• **28**		00
29. Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return	• **29**		00
30. Subtotal, sum of lines 21 through 29	**30**	4800	00

Modified Adjusted Gross Income (AGI) for TABOR Sales Tax Refund

Lines 31 through 34 are only used to calculate your TABOR amount and do not affect your Colorado tax liability.

31. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 11	• **31**	119003	00
32. Nontaxable Social Security Income	• **32**		00
33. Nontaxable interest income from state and local bonds	• **33**		00
34. Sum of lines 31 through 33: Modified AGI for TABOR amount	**34**	119003	00

This page is required.

Your Last Name (match page 1)	Your First Name (match page 1)	Your Middle Initial
DORSEY	LAUREN	A

SSN or ITIN (match page 1)

593-94-4999

Modified AGI Tiers for TABOR State Sales Tax Refund

If line 34 is:	$53,000 or less	$53,001 – $105,000	$105,001 – $166,000	$166,001 – $233,000	$233,001 – $302,000	$302,001 or more
Single Filers Enter	$177	$240	$277	$323	$350	$565
Joint Filers Enter	$354	$480	$554	$646	$700	$1,130

35. TABOR State Sales Tax Refund: For full-year Colorado residents, born before 2006, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Your return must be postmarked or transmitted by the extension due date. Use the amount on line 34 and reference the table above. ..... • **35** 277 00

36. Sum of lines 30 and 35 ..... **36** 5077 00

37. Overpayment, if line 36 is greater than line 20 then subtract line 20 from line 36 ..... **37** 1131 00

38. Estimated Tax Credit Carryforward to 2025 first quarter, if any ..... • **38** 00

If you have an overpayment on line 39 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

39. Refund, subtract line 38 from line 37 ..... • **39** 1131 00

Direct Deposit

Routing Number

Account Number

Type: ☐ Checking ☐ Savings ☐ CollegeInvest 529

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

This page is required.

Your Last Name (match page 1)	Your First Name (match page 1)	Your Middle Initial
DORSEY	LAUREN	A

SSN or ITIN (match page 1)

593-94-4999

40. Net Tax Due, subtract line 36 from line 20	**40**		00
41. Delinquent Payment Penalty (see instructions)	• **41**		00
42. Delinquent Payment Interest (see instructions)	• **42**		00
43. Estimated Tax Penalty, you must submit the DR 0204 with your return (see instructions)	• **43**		00
44. Amount You Owe, sum of lines 40 through 43	• **44**		

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

This page is required.

Your Last Name (match page 1)	Your First Name (match page 1)	Your Middle Initial
DORSEY	LAUREN	A

SSN or ITIN (match page 1)

593-94-4999

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

Paid Preparer's Address

City	State	ZIP Code

File and Pay

You may file and pay at: *Colorado.gov/RevenueOnline* or

If you are mailing this return **with** a check or payment, please send all eight required pages to:

Colorado Department of Revenue
Denver, CO 80261-000**6**

If you are mailing this return **without** a check or payment, please send all eight required pages to:

Colorado Department of Revenue
Denver, CO 80261-000**5**

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