

(15) 2000 FORM 104X

AMENDED COLORADO INDIVIDUAL INCOME TAX RETURN

Reason for amended return (check one):

- Investment credit carryback from tax year ending _____
 Federal net operating loss carryback from tax year ending _____
 Protective claim, attach explanation
 Other, attach explanation

| LAST NAME | FIRST NAME AND INITIAL | SOCIAL SECURITY NUMBER |
|------------------------------------|------------------------|-----------------------------------|
| Yourself | | |
| Spouse, if joint | | |
| Address | | Your telephone number () |
| City | State | ZIP Code |
| ROUND TO THE NEAREST DOLLAR | | |

| | ORIG | ORIGINAL AMOUNT OR AS PREVIOUSLY ADJUSTED | CORRECT AMOUNT | | NET CHANGE INCREASE OR (DECREASE) |
|---|-----------|--|-------------------|-------|--------------------------------------|
| 1 Federal taxable income | 1 | 00 | 00 | | 00 |
| ADDITIONS TO FEDERAL TAXABLE INCOME | | | | | |
| 2 State income tax addback | 2 | 00 | 00 | | 00 |
| 3 Non-Colorado state and local bond interest | 3 | 00 | 00 | | 00 |
| 4 Lump-sum distributions | 4 | 00 | 00 | | 00 |
| 5 Other additions, _____ explain: _____ | 5 | 00 | 00 | | 00 |
| 6 Total of lines 2, 3, 4 and 5 | 6 | 00 | 00 | | 00 |
| 7 Total of lines 1 and 6 | 7 | 00 | 00 | | 00 |
| SUBTRACTIONS FROM FEDERAL TAXABLE INCOME | | | | | |
| 8 State income tax refund | 8 | 00 | 00 | | 00 |
| 9 Interest, dividend, and capital gain | 9 | 00 | 00 | (83) | 00 |
| 10 United States government interest | 10 | 00 | 00 | | 00 |
| 11 Pension-annuity exclusion, taxpayer | 11 | 00 | 00 | | 00 |
| 12 Pension-annuity exclusion, spouse | 12 | 00 | 00 | | 00 |
| 13 Colorado source capital gain (Assets acquired on or after 5/9/94) | 13 | 00 | 00 | | 00 |
| 14 Colorado source capital gain (Assets acquired before 5/9/94) | 14 | 00 | 00 | (69) | 00 |
| 15 Marriage penalty subtraction | 15 | 00 | 00 | | 00 |
| 16 Other subtractions, _____ explain: _____ | 16 | 00 | 00 | | 00 |
| 17 Total of lines 8, 9, 10, 11, 12, 13, 14, 15 and 16 | 17 | 00 | 00 | | 00 |
| 18 Colorado Taxable Income, line 7 minus line 17 | 18 | 00 | 00 | | 00 |
| 19 Colorado Tax | 19 | 00 | 00 | (06) | 00 |
| 20 Alternative minimum tax | 20 | 00 | 00 | (17) | 00 |
| 21 Recapture of prior year credits | 21 | 00 | 00 | (34) | 00 |
| 22 Total of lines 19, 20 and 21 | 22 | 00 | 00 | | 00 |
| 23 Personal credits from line 7, Form 104 CR | 23 | 00 | 00 | (37) | 00 |
| 24 Alternative fuel credits from line 8(c), Form 104 CR | 24 | 00 | 00 | (67) | 00 |
| 25 Health benefit plan credit from line 9(d), Form 104 CR | 25 | 00 | 00 | (70) | 00 |
| 26 Enterprise zone credits from line 17, Form 104 CR | 26 | 00 | 00 | (29) | 00 |
| 27 Total of lines 23, 24, 25 and 26 | 27 | 00 | 00 | | 00 |
| 28 Net tax, line 22 minus line 27 | 28 | 00 | 00 | | 00 |

| | | ORIGINAL AMOUNT OR AS PREVIOUSLY ADJUSTED | | CORRECT AMOUNT | | NET CHANGE INCREASE OR (DECREASE) | |
|----|--|--|----|-------------------|-------|--------------------------------------|----|
| 28 | Amount from line 28 on front of form (Net Tax) | 28 | 00 | 00 | 00 | | 00 |
| 29 | Federal adjusted gross income | 29 | 00 | 00 | 00 | | 00 |
| 30 | Nontaxable Social Security income | 30 | 00 | 00 | 00 | | 00 |
| 31 | Total of lines 29 and 30 | 31 | 00 | 00 | 00 | | 00 |
| 32 | State Sales Tax Refund | | | | | | |
| | | | | | | | |
| | | | 00 | 00 | (24) | | 00 |
| 33 | Colorado Income Tax Withheld | 33 | 00 | 00 | (07) | | 00 |
| 34 | Estimated tax | 34 | 00 | 00 | (03) | | 00 |
| 35 | Child tax credit from line 1(g), Form 104 CR | 35 | 00 | 00 | (80) | | 00 |
| 36 | Family home care operator child tax credit from line 1(h), Form 104 CR | 36 | 00 | 00 | (71) | | 00 |
| 37 | Child care credit from line 1(j), Form 104 CR | 37 | 00 | 00 | (65) | | 00 |
| 38 | Earned income credit from line 2(b), Form 104 CR | 38 | 00 | 00 | (68) | | 00 |
| 39 | Gross conservation easement credit from line 3, Form 104 CR | 39 | 00 | 00 | (81) | | 00 |
| 40 | Health care professional credit from line 4(c), Form 104 CR | 40 | 00 | 00 | (82) | | 00 |
| 41 | Total of 32, 33, 34, 35, 36, 37, 38, 39 and 40 | 41 | 00 | 00 | | | 00 |
| 42 | If line 41 exceeds line 28, enter your overpayment | 42 | 00 | 00 | | | 00 |
| 43 | If line 28 exceeds line 41, enter the amount owed | 43 | 00 | 00 | | | 00 |

| If line 31 is: | \$26,000 or less | \$26,001- \$53,000 | \$53,001- \$78,000 | \$78,001- \$103,000 | \$103,001- \$126,000 | \$126,001- or more |
|---------------------|---------------------|-----------------------|-----------------------|------------------------|-------------------------|-----------------------|
| Single Filers Enter | \$182 | \$245 | \$288 | \$325 | \$363 | \$574 |
| Joint Filers Enter | \$364 | \$490 | \$576 | \$650 | \$726 | \$1,148 |

COMPUTE THE AMOUNT YOU OWE

| | | | | | | |
|----|---|----|------|--|--|----|
| 44 | Enter any decrease shown on line 42 column 3 (NET CHANGE) | 44 | | | | 00 |
| 45 | Enter any increase shown on line 43 column 3 (NET CHANGE) | 45 | | | | 00 |
| 46 | Additional tax due, total of lines 44 and 45 | 46 | | | | 00 |
| 47 | Interest due on additional tax - see instructions | 47 | (11) | | | 00 |
| 48 | Penalty due - see instructions | 48 | (01) | | | 00 |
| 49 | Estimated tax penalty due - see instructions | 49 | (76) | | | 00 |
| 50 | Payment due with this return, add lines 46, 47, 48 and 49 | 50 | (08) | | | 00 |

COMPUTE YOUR REFUND

| | | | | | | |
|----|---|----|-------|--|--|----|
| 51 | Enter any increase shown on line 42 column 3 (NET CHANGE) | 51 | | | | 00 |
| 52 | Enter any decrease shown on line 43 column 3 (NET CHANGE) | 52 | | | | 00 |
| 53 | Refund claimed with this return, total of lines 51 and 52 | 53 | | | | 00 |
| 54 | Interest allowed on refund. To be computed by Department of Revenue | 54 | (11X) | | | 00 |
| 55 | Penalty reduced | 55 | (01X) | | | 00 |
| 56 | Estimated tax penalty reduced | 56 | (76X) | | | 00 |
| 57 | Total refund due. To be computed by Department of Revenue | 57 | (04) | | | 00 |
| 58 | Overpayment credited to estimated tax | 58 | (14) | | | 00 |

| | |
|--|--|
| SIGNED UNDER PENALTY OF PERJURY IN THE SECOND DEGREE: (Signature of Taxpayer) (Date) | (Name and Telephone Number of Individual or Firm Preparing Return) (Date) |
| (Signature of Taxpayer's Spouse, if joint return) (Date) | |

Attach an explanation of the changes to your return and, if applicable, additional schedules. Part-year residents and nonresidents attach corrected Form 104PN. If this amended return is the result of an adjustment made by the Internal Revenue Service attach a copy of the federal revenue agent's report with supporting schedules.