INSTRUCTIONS FOR FORM DR 1079

Use Form DR 1079 to remit Colorado tax withheld on transfers of real property interests. The determination of the amount to be withheld, if any, will be made on form DR 1083.

The amount of the withholding tax remitted will be credited to the Colorado income tax account of the transferor as an estimated payment. The transferor must claim credit for the payment on the Colorado income tax return. For this reason it is extremely important that a separate form DR 1079 is completed for each transferor who will be required to file a Colorado income tax return, and that the correct social security number (for individuals) or Colorado account number (for other business entities) is listed on each form.

Send Form DR 1079, remittance for the tax withheld and Form DR 1083 to the Colorado Department of Revenue, Denver, CO 80261-0008, within 30 days of the date of closing. Write the social security number or Colorado account number and the transferor's name on the check.

For Privacy Act Notice, see FYI General 2.

2005 COLORADO FORM DR 1079

TRANSFEROR'S COPY

70

DO NOT MAIL THIS COPY

Payment of Withholding Tax on Certain Colorado Real Property Interest Transfers

Name of Transferor	Social Security number or Colorado account number	
Spouse's name (if applicable) or fiduciary	Federal employer I.D. number or spouse's Social Security number	
Address		AMOUNT OF PAYMENT (08)
City, State, ZIP		$. 00

▲ KEEP ABOVE PORTION FOR YOUR RECORDS ▲

Detach here and return lower portion only.

2005 COLORADO FORM DR 1079

Transferor is *(check one)*:
(14) ☐ Individual
(24) ☐ Corporation
(34) ☐ Estate or Trust

If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

70

Payment of Withholding Tax on Certain Colorado Real Property Interest Transfers

Name of Transferor	Social Security number or Colorado account number	
Spouse's name (if applicable) or fiduciary	Federal employer I.D. number or spouse's Social Security number	
Address		AMOUNT OF PAYMENT (08)
City, State, ZIP		$. 00
DO NOT WRITE IN SPACE BELOW		