

2009 COLORADO NONRESIDENT PARTNER OR SHAREHOLDER AGREEMENT

Taxable Year of Partnership or S Corporation: BEGINNING _____, 20 ____, ENDING _____, 20 ____		
Taxable Year of Partner or Shareholder: BEGINNING _____, 20 ____, ENDING _____, 20 ____		
NONRESIDENT PARTNER OR SHAREHOLDER'S NAME AND ADDRESS		PARTNERSHIP OR CORPORATION'S NAME AND ADDRESS
Name		Name
Street or Mailing Address		Street or Mailing Address
City, State, ZIP		City, State, ZIP
Social Security or Colorado Account Number		Colorado Account Number Federal Number (FEIN)
I agree to file a 2009 Colorado income tax return and make timely payment of all taxes imposed by the State of Colorado with respect to my share of the Colorado income of the partnership or corporation named above. I also agree to be subject to personal jurisdiction in the State of Colorado for purposes of the collection of unpaid income tax together with related penalties and interest.		
Taxpayer's or authorized agent's signature		Date
Attach this agreement to Colorado Form 106.		

Forms DR 0107 and DR 0108 are to be used with respect to nonresident partners or shareholders of an S corporation. See instructions for completing Form 106 for additional information. Photocopy additional copies of these forms as needed.



IF NO PAYMENT IS DUE, DO NOT FILE FORM DR 0108
 ▼ RETURN ONLY THE LOWER PORTION OF THIS PAGE WITH YOUR PAYMENT ▼

(0018)

FORM DR 0108 (09/21/09)
 COLORADO DEPARTMENT OF REVENUE
 www.TaxColorado.com

Statement of Colorado Tax Remittance For Nonresident Partner or Shareholder

70

Return this voucher with check or money order payable to the Colorado Department of Revenue, Denver, Colorado 80261-0008. Enter on Form DR 0108 the name and social security number or Colorado account number of the non-resident partner or shareholder who will ultimately claim this payment. Please read **FYI Income 54** before filling Form DR 0108. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Nonresident Partner's or Shareholder's Name (Last Name, First Name, M.I.)		Social Security or Colorado Account Number	
Address			
City		State	ZIP
Partnership or Corporation's Name		Colorado Account Number	
Address		Federal Employer Identification Number	
City		State	ZIP

IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM.

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.

YOU MUST ROUND TO THE NEAREST DOLLAR

- | | |
|--|----------------------|
| 1. Colorado source income for nonresident partner or shareholder | \$ _____ |
| 2. Colorado tax remitted, 4.63% of amount on line 1. | (08) \$ _____ |

DO NOT WRITE IN SPACE BELOW