



Substitute Colorado W-2 Form

See Form Below

Photocopy for your records.

DR 0084 (08/30/13)

Employer's name, address and ZIP Code:	SUBSTITUTE COLORADO W-2 FORM FOR INCOME TAX WITHHELD			State of Colorado Department of Revenue Denver, CO 80261-0005
	Federal Employer's Identification No. ●	Employer's Colorado Identification No.		
Employee's Social Security No.	DATES OF EMPLOYMENT			
	FROM		TO	
Employee's name (first, middle, last):	Month (MM)	Year (YYYY)	Month (MM)	Year (YYYY)
Employee's address and ZIP Code:	COLO. INCOME TAX WITHHELD, if any ●	FEDERAL INCOME TAX WITH- HELD, if any	TOTAL WAGES (before payroll deductions)	
NOTE: If taxpayer was employed by more than one employer, a separate statement covering each employment and the amount of tax withheld must be filed.				
How did you determine the amounts listed above?				
Give reason why Form W-2, or the Statement of Corrected Income and Tax Amounts was not furnished by your employer (or the payer), if known. Explain your efforts to obtain the required information.				
<i>I declare, under penalty of perjury in the second degree, that the statements made herein are true to the best of my knowledge and belief.</i>				
Signature:				Date: (MM/DD/YY)