DR 0084 (08/30/13)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

130084 19999

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 WITHHELD, 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 declare, under penalty of perjury in the second degree, that the statements made herein are true to the best of my knowledge and belief.

Signature:	Date: (MM/DD/YY)