



Taxpayer Disclosure Statement for Colorado Listed Transaction

1. Taxpayer's Last Name		First Name	Middle Initial	SSN (if known)	FEIN (if known)	
Address			City		State	Zip
Contact Person's Last Name		First Name			Middle Initial	
Title					Phone Number ()	
If you are a party to a designation agreement, identify other parties.						
Last Name		First Name	Middle Initial	SSN (if known)	FEIN (if known)	
Address			City		State	Zip
Contact Person's Last Name		First Name		Middle Initial	Phone Number ()	
2. Owner's Last Name		First Name	Middle Initial	SSN (if known)	FEIN (if known)	
Address			City		State	Zip
Contact Person's Last Name		First Name			Middle Initial	
Title					Phone Number ()	
3. Captive Entity's Last Name		First Name	Middle Initial	SSN (if known)	FEIN (if known)	
Address			City		State	Zip
Contact Person's Last Name		First Name			Middle Initial	
Title					Phone Number ()	
4. State the total income and total assets of Captive Entity.						
I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.						
Signature of Taxpayer					Date (MM/DD/YY)	
Print Name			Title			