Form ID: CO

Colorado General Information

Colorado account number _____[1]

Member of household does not have health insurance; share return information with Connect for Health Colorado and the Department of Health Care Policy and Financing _[2]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Conservation and Wildlife Restoration Cash Fund	_____[3]
Domestic Abuse Fund	_____[4]
Homeless Prevention Activities Fund	_____[5]
Pet Overpopulation Fund	_____[6]
Western Slope Military Veterans Cemetery Fund	_____[7]
Military Family Relief Fund	_____[8]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund	_____[9]
Habitat for Humanity of Colorado Fund	_____[10]
Special Olympics of Colorado	_____[11]
Colorado Healthy Rivers Fund	_____[12]
Alzheimer's Association Fund	_____[13]
Colorado Cancer Fund	_____[14]
Make-A-Wish Foundation of Colorado Fund	_____[15]
Unwanted Horse Fund	_____[16]
Feeding Colorado	_____[17]
Animal Protection Fund	_____[18]
Colorado Nonprofit Fund	_____[19]
Charitable organization Secretary of State registration number	_____[20]

Name of registered organization

_____[21]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	___[22]	___[23]
Nonresident	___[24]	___[25]
Part-year resident	___[26]	___[27]
Military nonresident	___[28]	___[29]
Part-year residency dates:		
From	_____[30]	_____[32]
To	_____[31]	_____[33]

NOTES/QUESTIONS: