

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2024**

# 2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	437.
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REV 02/11/24 PRO 1555

632-54-6716  
GORDON T SLONE

22099 E IRISH DR  
AURORA CO 80016

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

632546716 ZX SLON 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/17/2024**

# 2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	437.
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REV 02/11/24 PRO 1555

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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/16/2024**

# 2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	437.
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REV 02/11/24 PRO 1555

632-54-6716  
GORDON T SLONE

22099 E IRISH DR  
AURORA CO 80016

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

632546716 ZX SLON 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/15/2025**

# 2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	437.
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REV 02/11/24 PRO 1555

632-54-6716  
GORDON T SLONE

22099 E IRISH DR  
AURORA CO 80016

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

632546716 ZX SLON 30 0 202412 430

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name GORDON T SLONE	Social security number 632-54-6716
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	119,774.
2	Total tax . . . . .	2	14,806.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	13,059.
4	Amount you want refunded to you . . . . .	4	
5	Amount you owe . . . . .	5	1,761.

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

4	6	7	1	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 02/21/2024

### Spouse's PIN: check one box only

I authorize \_\_\_\_\_ to enter or generate my PIN 

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

### Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2023**

**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . ▶	<b>1,761.</b>
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REV 02/11/24 PRO 1555

GORDON T SLONE  
22099 E IRISH DR  
AURORA CO 80016

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

632546716 ZX SLON 30 0 202312 610

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial: GORDON T Last name: SLONE Your social security number: 632 54 6716

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 22099 E IRISH DR Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State: CO ZIP code: 80016 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Foreign country name Foreign province/state/county Foreign postal code Foreign postal code You Spouse

Filing Status: [X] Single [ ] Head of household (HOH) [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset... [ ] Yes [X] No

Standard Deduction: Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 119,616.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest 2a 3a Qualified dividends 3a 55. b Taxable interest 2b b Ordinary dividends 3b 63.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [X] 7 95. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 119,774. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 119,774. 12 Standard deduction or itemized deductions (from Schedule A) 12 31,100. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 88,674.

Attach Sch. B if required.

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (25a-25d), 2023 estimated tax payments (26), Earned income credit (27), Additional child tax credit (28), American opportunity credit (29), Reserved for future use (30), Amount from Schedule 3, line 15 (31), total other payments and refundable credits (32), and total payments (33).

Refund table with rows 34-36. Includes overpaid amount (34), routing number and account number (35a, 35b, 35d), and amount applied to 2024 estimated tax (36).

Amount You Owe table with rows 37-38. Includes amount you owe (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section with declaration text and signature fields for taxpayer and spouse, including dates and occupations.

Paid Preparer Use Only section with fields for Preparer's name, signature, date, PTIN, firm's name, address, phone number, and EIN.



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

GORDON T SLONE

Your social security number

632-54-6716

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11 <input type="text" value="2"/>			
	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
<b>Taxes You Paid</b>	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	4,943.	
	b	State and local real estate taxes (see instructions)	5b	2,975.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	7,918.	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	7,918.	
	6	Other taxes. List type and amount: _____	6		
	7	Add lines 5e and 6		7	7,918.
<b>Interest You Paid</b> <small>Caution: Your mortgage interest deduction may be limited. See instructions.</small>	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	23,182.	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	23,182.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9		10	23,182.
<b>Gifts to Charity</b> <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11		
	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13		14	
<b>Casualty and Theft Losses</b>	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
<b>Other Itemized Deductions</b>	16	Other—from list in instructions. List type and amount: _____		16	
<b>Total Itemized Deductions</b>	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12		17	31,100.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			



238454 11555

State of Colorado Income Tax Declaration
for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

For Tax Year (MM/DD/YY) 12/31/23
or Fiscal Year beginning (MM/DD/YY)

Tax Type: Individual Income (DR 0104)
Taxpayer Last Name or Business Name: SLONE
First Name or Business DBA: GORDON
Middle Initial: T
Spouse's Last Name:
First Name:
Middle Initial:
Taxpayer SSN or ITIN: 632-54-6716
Spouse SSN or ITIN:
FEIN:
Taxpayer or Business Address: 22099 E IRISH DR
City: AURORA
State: CO
ZIP: 80016

Part I - Tax Return Information

Table with 2 columns: Description and Amount. Rows include Total Income from federal return (\$119774), Taxable Income (\$88674), Colorado Tax (\$4119), and Colorado Tax Withheld (\$4925).

Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns...

Signature and Date fields for Taxpayer and Spouse.

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here [ ]

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns...

ERO's Signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM
Preparer Identification Number: P02082703

Check if also Preparer [X]
Date (MM/DD/YY): 02/22/24



230104 11555



DR 0104 (11/28/23)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)

## 2023 Colorado Individual Income Tax Return

Full-Year     Part-Year or Nonresident (or resident, part-year, non-resident combination) \*Must include DR 0104PN     Mark if Abroad on due date – see instructions

Your Last Name		Your First Name		Middle Initial
SLONE		GORDON		T
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
09/09/1996	632-54-6716	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0752	05/11/20
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>		
		<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
22099 E IRISH DR			(720) 212-4177	
City	State	ZIP Code	Foreign Country (if applicable)	
AURORA	CO	80016		
<input type="checkbox"/> To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if: <ul style="list-style-type: none"> <li>You are a Colorado resident and at least one person in your household does not have health coverage</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy &amp; Financing.</li> </ul>				
<b>Round To The Nearest Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040, 1040 SR, or 1040 SP			• 1	88674 00
Include W-2s and 1099s with CO withholding.				
<b>Additions to Federal Taxable Income</b>				
2. State and Local Income taxes or general sales taxes claimed on federal form 1040, Schedule A. (see instructions)			• 2	4943 00
3. Qualified Business Income Deduction Addback (see instructions)			• 3	00



230104 21555

Name	SSN or ITIN
GORDON T SLONE	632-54-6716
4. Federal Deduction addback (see instructions) ● 4	00
5. Nonqualified CollegeInvest Tuition Savings Account distributions (see instructions) ● 5	00
6. Nonqualified Colorado ABLE Account distributions (see instructions) ● 6	00
7. Other Additions, explain (see instructions) ● 7	00
Explain:	
8. Subtotal, sum of lines 1 through 7 ● 8	93617 00
<b>Colorado Subtractions</b>	
9. Subtractions from the DR 0104AD Schedule, line 23, you must submit the DR 0104AD schedule with your return. ● 9	00
10. Colorado Taxable Income, subtract line 9 from line 8 ● 10	93617 00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>	
11. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. ● 11	4119 00
12. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. ● 12	00
13. Recapture of prior year credits ● 13	00
14. Subtotal, sum of lines 11 through 13 ● 14	4119 00
15. Nonrefundable Credits from the DR 0104CR line 54, the sum of lines 15, 16, and 17 cannot exceed line 14, you must submit the DR 0104CR with your return. ● 15	00
16. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 85, the sum of lines 15, 16, and 17 cannot exceed line 14, you must submit the DR 1366 with your return. ● 16	00
17. Strategic Capital Tax Credit from DR 1330, the sum of lines 15, 16, and 17 cannot exceed line 14, you must submit the DR 1330 with your return. ● 17	00
18. Net Income Tax, sum of lines 15, 16, and 17. Subtract that sum from line 14. ● 18	4119 00
19. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return. ● 19	00
20. Net Colorado Tax, sum of lines 18 and 19 ● 20	4119 00
21. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 21	4925 00
22. Prior-year Estimated Tax Carryforward ● 22	00
23. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year ● 23	00
24. Extension Payment remitted with the DR 0158-I ● 24	00



230104 31555

Name	SSN or ITIN
GORDON T SLONE	632-54-6716

25. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 25		00
26. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. • 26		00
27. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit each DR 0617 with your return. • 27	0	00
28. Refundable Credits from the DR 0104CR line 16, you must submit the DR 0104CR with your return. • 28		00
29. Subtotal, sum of lines 21 through 28 • 29	4925	00

**Modified AGI for TABOR**

Lines 30 through 33 are only used to calculate your TABOR Credit, they do not affect your Colorado tax liability.

30. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP • 30	119774	00
31. Nontaxable Social Security Income • 31		00
32. Nontaxable interest income from state and local bonds • 32		00
33. Sum of lines 30 through 32: Modified AGI for TABOR • 33	119774	00

**This space is reserved for future use.**

34. State Sales Tax Refund: For full-year Colorado residents, born before 2005, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Enter \$800 for one qualifying taxpayer or \$1,600 for two qualifying taxpayers filing jointly. See instructions if you are filing an extension. • 34	800	00
35. Sum of lines 29 and 34 • 35	5725	00
36. Overpayment, if line 35 is greater than line 20 then subtract line 20 from line 35 • 36	1606	00
37. Estimated Tax Credit Carryforward to 2024 first quarter, if any. • 37		00

If you have an overpayment on line 38 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

38. Refund, subtract line 37 from line 36 (see instructions) • 38	1606	00
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**Direct Deposit**

Routing Number  Type:  Checking  Savings  CollegeInvest 529  
 Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit [CollegeInvest.org](http://CollegeInvest.org) or call 800-448-2424.



230104 41555

Name		SSN or ITIN	
GORDON T SLONE		632-54-6716	
<b>39. Net Tax Due, subtract line 35 from line 20</b>	<b>39</b>		00
<b>40. Delinquent Payment Penalty (see instructions)</b>	<b>40</b>		00
<b>41. Delinquent Payment Interest (see instructions)</b>	<b>41</b>		00
<b>42. Estimated Tax Penalty, you must submit the DR 0204 with your return (see instructions)</b>	<b>42</b>		00
<b>43. Amount You Owe, sum of lines 39 through 42</b>	<b>43</b>		
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.			
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
		<input checked="" type="checkbox"/> No    • <input type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
●		●	
<b>Sign Below</b> Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
GLOBAL TAXES LLC		(678) 965-9522	
Paid Preparer's Address		City	State    ZIP Code
245 ROONEY CT		E BRUNSWICK	NJ    08816

REV 01/22/24 PRO

**File and pay at: [Colorado.gov/RevenueOnline](https://www.colorado.gov/RevenueOnline)**

If you are filing this return **with** a check or payment, please mail the return to:  
 COLORADO DEPARTMENT OF REVENUE  
 Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:  
 COLORADO DEPARTMENT OF REVENUE  
 Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.