

DR 1316 (11/18/20)
COLORADO DEPARTMENT OF REVENUE
Denver CO
Tax. Colorado.gov
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## **Colorado Source Capital Gain Affidavit**

This form must be completely and accurately filled out to avoid requests for additional information and/or delays in processing your return.

your roturn.											
Taxpayer Last Name		First Name			Middle Initial	SSN or Colorado Account Number					
Spouse Last Name (if applicable)			First Name			Middle Initial	SSN or Colorado Account Number				
Provide the following Include any assets additional sheets if	that resulte										
A. Provide a brief	description	n of the	nature of the capi	ital	gain(s). Includ	le c	omplete add	dress	of	real proper	ty.
1					2						
B. If the gain is d Form 6252 to t Note: If the sale wa	his form.							ach a	CC	opy of fede	ral
1.					2.						
C. If the gain is be			h from another en expayer had owne					umbe	er c	of the pass-	through
1. Entity				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Entity						
Account Number Ownership			Interest (length of time)		Account Number			Ownership Interest (length of time)			
			` '			(e) Cos	ost or		(f) Gain or loss		
1.				\$		00	\$	(	00	\$	00
2.				\$		00	\$	(	00	\$	00
3. Total Gain or (Loss)										\$	0.0
4. Net Capital Gain or (Loss) as reported on federal Form 1040 or 1040-SR										\$	00
Maximum subtrac											
<b>5.</b> Colorado Source Capital Gain Subtraction, enter lesser of lines 3, 4, or \$100,000 for tax years beginning on or after January 1, 2010. Enter here and on Form 104.										\$	0.0
I attest that the tax obligations owed to	payer(s) sho the state o	own abov or to any l	Gains and Losses ye has no overdue local government w declare that to the	stat vithi	n Colorado at t	he t	time the attac	ched in	ncc	ome tax retu	rn is
Signature, Taxpayer or Duly Authorized Individual										Date (MM/DD/YY)	
Spouse Signature (if jo	int return, both	must sign)								Date (MM/DD/YY)	