

DR 0349 (09/30/21)
COLORADO DEPARTMENT OF REVENUE
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Page 1 of 1

2021 Remediation of Contaminated Land Credit Use Schedule

You MUST include this schedule with your return if you are claiming this credit.

| Last Name or Business Name | | | | | | First Name Middle Initial | | | | | | |
|---|--|--------------|---|------------------------|--------------|---------------------------|-------------|--------|------------|--------------|-----------------|---------------------------|
| • | | | | | | • | | | | | | • |
| SSN or ITIN Colo | | | Colorado | olorado Account Number | | | | FEIN | | | Tax Year Ending | |
| • | | | | | | | • | | • | | | |
| Pass-Through Entity Name Ownersh | | | ip % | | | Entity | Entity FEIN | | | | | |
| • | | • | | | | | | | | | | |
| Use | e Of Credit Complete | this part if | you are | using or (| carrying for | ward cr | edit on | this t | ax retu | rn. | | |
| | dit Amount Available. | | | | | | | | | | | |
| (Total credit amount available from the Remediation of C | | | Contaminated Land Certificate issued by | | | | | | | | •\$ | |
| • 1. What type of taxpayer are a. | | | | b | С | d | | | | e. Tota | ls | |
| | you for each credit? | • a | transferee | • 🔲 | a transferee | • | a transf | feree | • 🔲 | a transferee | | additional |
| | | | | | | | | | | | | if necessary, ly enter |
| | | • L tra | ansferor | • 🗀 | transferor | • 🔲 | transfer | ror | • 📖 | transferor | overall | totals on the |
| | | | | | | | | | | | final pa | ge.) |
| | | 10 0 | iginator | • 🗀 | originator | • 🗀 | originat | or | • | originator | | |
| <u> </u> | | | | | | | | | | | - | |
| ● 2. | From whom did you receive each credit? | | | | | | | | | | | |
| - 2 | Their Social Security | | | | | | | | | | | |
| 3. | Number, ITIN or Federal | | | | | | | | | | | |
| | Identification Number OR | | | | | | | | | | | |
| | Their Colorado Account | | | | | | | | | | | |
| 4. | Number | | | | | | | | | | | |
| - 5 | Date you received the | | | | | | | | | | | |
| 3. | credit | | | | | | | | | | | |
| • 6 | Total credit available | | | | | | | - | | | | |
| " | for you to use. (Enter | | | | | | | | | | | |
| | the total credit less the amount transferred, OR | | | | | | | | | | | |
| | the amount received | | | | | | | | | | | |
| | through transfers). | •\$ | | •\$ | | •\$ | | | •\$ | | | |
| ● 7. | 7. Credit you used in prior | | | | | | | | | | | |
| | years •\$ | | | •\$ | | •\$ | | | •\$ | | | |
| 8. | Credit available for you | | | | | | | | | | | |
| | to use this year, Line 6 minus Line 7. (Enter the | | | | | | | | | | | |
| | Total on form DR 0104CR | | | | | | | | | | | |
| | Line 28A, form DR 0105 | | | | | | | | | | | |
| | Schedule G Line 5A, form DR 0106CR Line 12A or | | | | | | | | | | | |
| | form DR 0112CR line 15A, | | | | | | | | | | | |
| <u> </u> | if applicable.) | \$ | | \$ | | \$ | | | \$ | | \$ | - |
| ● 9. | Credit you are using this | | | | | | | | | | | |
| | year. (Enter the Total on form DR 0104CR Line 28B, | | | | | | | | | | | |
| | form DR 0105 Schedule G | | | | | | | | | | | |
| | Line 5B, form DR 0106CR | | | | | | | | | | | |
| | Line 12B and/or 12C, or form DR 112CR Line 15B.) | - ¢ | | - C | | | | | - c | | 6 | |
| <u></u> | | Φ Φ | | •\$ | | •\$ | | | •\$ | | \$ | |
| 10. | Credit carried forward to next year, subtract line 9 | | | | | | | | | | | |
| | from line 8 | \$ | | \$ | | \$ | | | \$ | | \$ | |
| 10 | ertify that I meet the re | | ts of 830_ | | CRS | _ Ψ | | | _ Ψ | | ĮΨ | |
| I certify that I meet the requirements of §39-22-526, C.R.S. Signature | | | | | | | | | | | Date (MM/DD/YY) | |
| | | | | | | | | | | | - , | , |
| | | | | | | | | | | | | |