2012 Colorado Nonresident Partner, Shareholder or Member Agreement

Taxable Year of Pass-Through Entity:	Beginning//201	12 Ending//20					
Taxable Year of Partner, Shareholder or Member:	Beginning//201	12 Ending//20					
Name and Address of Nonresident partner or Shareholder or Member	Name and Address of Pass-Through Entity						
Name	Name						
Street or Mailing Address	Street or Mailing Address						
City, State, ZIP	City, State, ZIP						
Social Security or Colorado Account Number	Colorado Account Number Federal Number (FEIN)						
I agree to file a 2012 Colorado income tax return and make timely payment of all taxes imposed by the state of Colorado with respect to my share of the Colorado income of the pass-through entity named above. I also agree to be subject to personal jurisdiction in the state of Colorado for purposes of the collection of unpaid income tax together with related penalties and interest.							
Taxpayer's or authorized agent's signature		Date					
Submit this agreement when filing the Colorado Form 106							

Forms DR 0107 and DR 0108 are to be used with respect to nonresident partners, shareholders or members of a pass-through entity. See Form 106 for additional information. Photocopy this form as needed.

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DR 0108 (08/28/12) Web

COLORADO DEPARTMENT OF REVENUE www.TaxColorado.com

2012 Statement of Colorado Tax Remittance for Nonresident Partner, Shareholder or Member

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Return this voucher with check or money order payable to the Colorado Department of Revenue, Denver, Colorado 80261-0008. Enter on form DR 0108 the name and Social Security number or FEIN of the nonresident partner, shareholder or member who will ultimately claim this payment. Please read publication FYI Income 54 before filing the DR 0108. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Cut here and send only the coupon below. Help us save time and your tax dollars.

Name of a survey dent a safe of the safe shall be an an and					NL			
Name of nonresident partner, shareholder or member (Last Name, First Name, MI)		So	ocial Securit	y Number	Shareholder is (mark one):			
					Individual			
Address		Fe	Federal Employer ID Number		Estate or Trust			
City	State	ZIP	ZIP		Do not use this form for a C-Corporation or			
					Partnership / S-Corp / LLC			
Name of Pass-Through Entity			Colorado Account Number					
Address			Federal Employer Identification Number					
City		Sta	State ZIP					
IF NO PAYMENT IS DUE, DO NOT FILE TH	HIS FORM.	1. 0	Colorado	source inc	ome for			
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 courset amount directly the wour back account electronically.		onreside	ent partner	or shareholder	\$.00		
			ado tax remitted,					
(Do not write in space below)			.63% of	f amount on	line 1 (08)	\$.00	
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