

## **Substitute Colorado W-2 Form**

## **See Form Below**

## Photocopy for your records.

DR 0084 (08/30/13)

Employer's name, address and ZIP Code:	SUBSTITUTE COLORADO W-2 FORM			State of Colorado Department of Revenue Denver, CO 80261-0005	
	Federal Employer's Identification No.		Employer's Colorado Identification No.		
Employee's Social Security No.		DATES OF EMPLOYMENT			
	FR	FROM		ТО	
Employee's name (first, middle, last):	Month (мм∕	Year (YYYY	Month (MM)	Year (YYYY)	
Employee's address and ZIP Code:	COLO. INCOME T WITHHELD, if a	, , ,	ICOME TAX WITH- LD, if any	TOTAL WAGES (before payroll deductions)	
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NOTE: If taxpayer was employed by more than one employer, a separate statement covering each employment and the amount of tax withheld must be filed.					
How did you determine the amounts listed above?					
Give reason why Form W-2, or the Statement of Corrected Income and Tax Amounts was not furnished by your employer (or the payer), if known. Explain your efforts to obtain the required information.					
I declare, under penalty of perjury in the second degree, that the statements made herein are true to the best of my knowledge and belief.					
Signature:				Date: (MM/DD/YY) <sup>€</sup>	