DR 0349 (08/23/23)
COLORADO DEPARTMENT OF REVENUE
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2023 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	SSN or ITIN Colorado					Account Number						FEI	N			Та	x Year Beginning
•										•				•	2023		
Partnership or S Corporation Name Ownershi					ip %					Ent	Entity FEIN						
•				•								•					
	Of Credit Complete	e th	nis p	art if yo	ou ar	eι	ısin	g or carry	ing 1	orw	ard c	redit c	n th	nis ta	ax return.		
● 1.	What type of taxpayer	a.				b.			C.				d.			e. Tota	als
	are you for each credit?	•		a transfe	eree	•		a transfere	ee 🕒		a tra	nsferee	•		a transferee		h additional
								1									if necessary, nly enter
		•		a type of	f	•		a type of	•		a typ		•		a type of		I totals on the
		<u> </u>		donor				donor			dono	or 			donor	final p	age.)
• 2.	From whom did you receive each credit?																
● 3.	Their Social Security Number, ITIN or Federal Identification Number <i>OR</i>																
• 4.	Their Colorado Account Number																
● 5.	Tax Credit Certificate Number																
● 6.	Date you received the credit																
● 7.	Total credit available for you to use. (Enter the total credit less the amount transferred, OR the amount received through transfers).	• 5	\$			• \$	S		•	\$			• 5	\$			
● 8.	Credit you used in prior years	• 5				•\$				\$			• 5				
9.	Credit available for you to use this year, Line 7 minus Line 8. (Enter the Total on form DR 0104CR Line 35A, form DR 0105 Schedule G Line 5A, form DR 0106CR Line 9A or form DR 0112CR line 11A, if applicable.)		\$			9				\$				\$		\$	
• 10	. Credit you are using this year. (Enter the Total on form DR 0104CR Line 35B, form DR 0105 Schedule G Line 5B, form DR 0106CR Line 9B and/or 9C, or form DR 112CR Line 11B.)	• 5	6			• \$	S		•	\$			• 5	\$		\$	
11	. Credit carried forward to		т			- 4	-			7				т		T	
	next year, subtract line 10 from line 9		\$			9	<u> </u>			\$				\$		\$	
I certify that I meet the requirements of §39-22-526, C.R.S.																	
Sign	ature											· ·			<u> </u>	Date (MM/DD/YY)
1																1	