

Form 1120-S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2025

For calendar year 2025 or tax year beginning , 2025, ending , 20

A S election effective date 03-06-2017	Name [REDACTED]	D Employer identification number [REDACTED]
B Business activity code number (see instructions) [REDACTED]	Number and street. If a P.O. box, see instructions. [REDACTED]	Room or suite no. [REDACTED]
	City or town [REDACTED]	State or province [REDACTED]
	Country [REDACTED]	ZIP or foreign postal code [REDACTED]
C Check if Sch. M-3 attached ☐	F Total assets (see instructions) \$ [REDACTED]	
G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No		
H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination		
I Enter the number of shareholders who were shareholders during any part of the tax year 1		
J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes		

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1 a Gross receipts or sales	113,197	b Less returns and allowances		c Balance	1c	113,197
	2 Cost of goods sold (attach Form 1125-A)					2	
	3 Gross profit. Subtract line 2 from line 1c					3	113,197
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					4	
	5 Other income (loss) (see instructions - attach statement)					5	
	6 Total income (loss). Add lines 3 through 5					6	113,197
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)					7	
	8 Salaries and wages (less employment credits)					8	
	9 Repairs and maintenance					9	
	10 Bad debts					10	
	11 Rents					11	
	12 Taxes and licenses					12	
	13 Interest (see instructions)					13	
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)					14	
	15 Depletion (do not deduct oil and gas depletion.)					15	
	16 Advertising					16	
	17 Pension, profit-sharing, etc., plans					17	
	18 Employee benefit programs					18	
	19 Energy efficient commercial buildings deduction (attach Form 7205)					19	
	20 Other deductions (attach statement)					20	
	21 Total deductions. Add lines 7 through 20					21	
	22 Ordinary business income (loss). Subtract line 21 from line 6					22	113,197
Tax and Payments	23 a Excess net passive income or LIFO recapture tax (see instructions)	23a				23c	
	b Tax from Schedule D (Form 1120-S)	23b					
	c Add lines 23a and 23b (see instructions for additional taxes)						
	24 a Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a					
	b Tax deposited with Form 7004	24b					
	c Credit for federal tax paid on fuels (attach Form 4136)	24c					
	d Elective payment election amount from Form 3800	24d					
	z Add lines 24a through 24d					24z	
	25 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐					25	
	26 Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed					26	
	27 Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid					27	
	28 Enter amount from line 27: a Credited to 2026 estimated tax b Refunded					28b	
c Routing number		d Type: ☐ Checking ☐ Savings					
e Account number							

Sign here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☒ No

Signature of officer

Date

Title

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120-S (2025) Created 4/7/25

Schedule B	Other Information (see instructions)
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Schedule B Other information (see instructions)					Yes	No
1	Check accounting method:	a ☒ Cash	b ☐ Accrual			
		c ☐ Other (specify) _____				
2	See the instructions and enter the:	a Business activity _____	b Product or service _____			
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation					
4	At the end of the tax year, did the corporation:					
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
		(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
		(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?					
	If "Yes," complete lines (i) and (ii) below.					
(i)	Total shares of restricted stock					
(ii)	Total shares of non-restricted stock					
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?					
	If "Yes," complete lines (i) and (ii) below.					
(i)	Total shares of stock outstanding at the end of the tax year					
(ii)	Total shares of stock outstanding if all instruments were executed					
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ☐					
	If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.					
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____					
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions					
10	Does the corporation satisfy one or more of the following? See instructions					
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.					
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$31 million and the corporation has business interest expense.					
c	The corporation is a tax shelter and the corporation has business interest expense.					
	If "Yes," complete and attach Form 8990, Limitation on Business Interest Expense Under Section 163(j).					
11	Does the corporation satisfy both of the following conditions?				X	
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000.					
b	The corporation's total assets at the end of the tax year were less than \$250,000.					
	If "Yes," the corporation is not required to complete Schedules L and M-1.					

Schedule B Other Information (see instructions) (continued)

	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		
If "Yes," enter the amount of principal reduction \$		
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		
14 a Did the corporation make any payments that would require it to file Form(s) 1099?		
b If "Yes," did or will the corporation file required Form(s) 1099?		
15 Does the corporation intend to self-certify as a Qualified Opportunity Fund?		X
If "Yes," complete and attach Form 8996. Enter the amount (if any) from Form 8996, line 15 \$		
16 At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		
17 Reserved for future use		

Schedule K Shareholders' Pro Rata Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	113,197
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) 9		
	10 Other income (loss) (see instructions) Type: 10		
	11 Section 179 deduction (attach Form 4562) 11		
Credits	12a Cash charitable contributions 12a		
	b Noncash charitable contributions 12b		
	c Investment interest expense 12c		
	d Section 59(e)(2) expenditures Type: 12d		
	e Other deductions (see instructions) Type: 12e		
	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
International	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type: 13d		
	e Other rental credits (see instructions) Type: 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type: 13g		
	14a Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance ☐		
b Check this box if you qualified for an exception to filing Schedule K-2 (Form 1120-S) ☒			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties - gross income 15d		
	e Oil, gas, and geothermal properties - deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses 16c		
	d Distributions (attach statement if required) (see instructions) 16d		
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

Schedule K Shareholders' Pro Rata Share Items (continued)

Total amount

Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement) Statement #18		
Reconciliation	18	Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12e and 16f	18	113,197

Schedule L Balance Sheets per Books

Beginning of tax year

End of tax year

Assets		(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets				
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings				
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books 2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____ 3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize): a Depreciation \$ _____ b Travel and entertainment \$ _____ 4 Add lines 1 through 3	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$ _____ 6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize): a Depreciation \$ _____ 7 Add lines 5 and 6 8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4
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Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	112,800			
2 Ordinary income from page 1, line 22	113,197			
3 Other additions				
4 Loss from page 1, line 22	()			
5 Other reductions	()			
6 Combine lines 1 through 5	225,997			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	225,997			



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2025 Colorado Partnership and S Corporation Income Tax Return

Fiscal Year Beginning (MM/DD/25)		Fiscal Year Ending (MM/DD/YY)		☐ • Mark for Amended Return		(0043)	
Name of Organization				Colorado Account Number (CAN)			
Doing Business As				Federal Employer ID Number (FEIN)			
Address		City		State		ZIP	
If you are including a statement disclosing a listed or reportable transaction, mark this box • ☐							
A. This return is being filed for (mark one):							
• ☐ Partnership ☒ S Corporation ☐ LLC ☐ LP ☐ LLP ☐ LLLP ☐ Association ☐ Non-Profit							
B. Beginning depreciable assets from federal return				C. Ending depreciable assets from federal return			
D. Business or profession				E. Date of organization or incorporation (MM/DD/YY)			
				03/06/17			
F. If this is a final return, mark this box • ☐				G. If the IRS has made any adjustments to your federal return or you have filed amended federal returns during the last four years, mark this box: ☐			
H. Number of partners or shareholders as of year end				Explain:			
1							
I. If this partnership or S corporation is electing to be subject to tax at the entity level under the SALT Parity Act (section 39-22-343, C.R.S.) for this income tax year, mark this box. • ☐							
Part I: Income and Modifications						Round to the nearest dollar	
1. Ordinary income from federal Schedule K • 1						113197	00
2. Sum of all other income • 2							00
3. Business meals deducted pursuant to section 274(k) of the Internal Revenue Code • 3							00
4. Other modifications increasing federal income • 4							00
5. Sum of lines 1 through 4 5						113197	00
6. Allowable deductions from federal Schedule K • 6							00
7. Colorado Marijuana and Natural Medicine Business Deduction • 7							00
8. Other modifications decreasing federal income • 8							00
9. Sum of lines 6 through 8 9							00



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Name of Organization (match page 1)		CAN or FEIN (match page 1)	
10. Modified federal taxable income, subtract line 9 from line 5		10	113197 00
11. Apportionment and allocation method:			
• ☐ Part V ☐ Other (include explanation) ☒ Income is all Colorado Income		11	
Part II: Composite Nonresident Income Tax Return			
Do not complete lines 12-16 unless you are filing a composite nonresident return.			
12. Colorado-source income of nonresident partners or shareholders electing to be included in this composite filing.		• 12	00
13. Tax; 4.4% of the amount on line 12		• 13	00
14. Credits from the DR 0106CR line 38 column C, you must include the DR 0106CR with your return.		• 14	00
15. Gross Conservation Easement credit allocated to these partners or shareholders from the DR 1305G line 33. You must submit the DR 1305G with your return.		• 15	00
16. Net tax, sum of lines 14 and 15, then subtract this sum from line 13. The sum of lines 14 and 15 may not exceed the amount on line 13.		16	00
Part III: SALT Parity Act Income Tax Return			
Do not complete lines 17-20 unless you are filing a return for a partnership or S corporation making the election under the SALT Parity Act.			
17. Resident partners' or shareholders' total share of income		• 17	00
18. Colorado-source income of nonresident partners or shareholders		• 18	00
19. Colorado taxable income of partnership or S corporation, sum of lines 17 and 18		19	00
20. Net Tax; 4.4% of the amount on line 19		• 20	00
Part IV: Computation of Amount Owed and Overpayment			
21. Enter the amount from line 16 or line 20, whichever applies		21	00
22. In-lieu-of amount determined under section 39-22-601.5(3)(e), C.R.S., for partnership audit adjustment		• 22	00
23. Repayment of credit from form DR 0619, lines 4 and 11, you must submit the DR 0619 with your return		• 23	00
24. Net Tax, In-Lieu-of Amount, and Required Repayment; sum of lines 21, 22, and 23		24	00
25. Estimated tax, extension payments, and credits		• 25	00
26. Withholding from lottery or gambling winnings		• 26	00
27. Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return.		• 27	00
28. Subtotal; sum of lines 25, 26, and 27		28	00
29. Penalty (include on line 32)		• 29	00
30. Interest (include on line 32)		• 30	00



File and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/RevenueOnline)

If you are filing this return with a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006	If you are filing this return without a check or payment, please mail the return to: COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005
These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.	



250106K 11024

2025 Colorado K-1

• Fiscal Year Beginning (MM/DD/25)		• Fiscal Year Ending (MM/DD/YY)	
01/01/25		12/31/25	
• Name of Partner or Shareholder		• Partner's or Shareholder's SSN, ITIN, FEIN, or Colorado Account Number	
[REDACTED]		[REDACTED]	
• Address	• City	• State	• ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
• ☒ Resident • ☐ Non-Resident		• ☐ Composite • ☐ DR 0107 • ☐ Excluded Nonresident • ☐ SALT Parity Election	
• Name of Partnership or S Corporation		• Partnership's or S Corporation's Colorado Account Number or FEIN	
[REDACTED]		[REDACTED]	
• Address	• City	• State	• ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Partner's or Shareholder's:		• A. Share of Income and Other items	
• B. Share of Income and Other Items Attributable to Colorado			
1. Ordinary business income (loss) • 1	113197	00	113197 00
2. Net rental real estate income (loss) • 2		00	00
3. Other net rental income (loss) • 3		00	00
4. Total guaranteed payments • 4		00	00
5. Interest and dividends • 5		00	00
6. Royalties • 6		00	00
7. Net capital gain • 7		00	00
8. Other income (loss) • 8		00	00
9. State income tax addback • 9		00	00
10. Business meals deducted pursuant to section 274(k) of the Internal Revenue Code • 10		00	00
11. Other Colorado additions • 11		00	00
12. Federal deductions • 12		00	00
13. Colorado subtractions • 13		00	00
4. Partner's share of total receipts from line 8 of the DR 0106, part V. • 14		00	00
15. Partner's share of non-apportionable income from the DR 0106, part V. • 15		00	00
16. Partner's or shareholder's share of tax paid with composite return or SALT Parity election • 16			00



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Name of Partner or Shareholder		Partner's or Shareholder's SSN, ITIN, FEIN, or Colorado Account Number	
Partner's or Shareholder's Share of Credits		Remaining Amount (excluding any credit applied towards composite tax)	
17. Recapture of prior year credits	• 17		00
18. Advanced Industry Investment credit	• 18		00
19. Business Personal Property credit	• 19		00
20. Child care center family care home investment credit	• 20		00
21. Child care contribution credit	• 21		00
22. Colorado job growth incentive credit	• 22		00
23. Enterprise zone business facility new employee credit	• 23		00
24. Preservation of Historic Structures credit	• 24		00
25. SALT Parity credit from lower-tier partnership (see instructions)	• 25		00
26. Enterprise zone agricultural processing new employee credit	• 26		00
27. Enterprise zone commercial vehicle investment tax credit	• 27		00
28. Enterprise zone contribution credit	• 28		00
29. Enterprise zone employee health insurance credit	• 29		00
30. Enterprise zone enhanced rural agricultural processing new employee credit	• 30		00
31. Enterprise zone enhanced rural new employee credit	• 31		00
32. Enterprise zone investment tax credit	• 32		00
33. Enterprise zone job training investment tax credit	• 33		00
34. Enterprise zone research and experimental activities credit	• 34		00
35. Enterprise zone vacant commercial building rehabilitation credit	• 35		00
36. Heat Pump Credit for Registered Contractors	• 36		00
37. Refundable Residential Energy Storage Systems Credit	• 37		00
38. Nonrefundable Residential Energy Storage Systems Credit	• 38		00
39. Homeless Contribution Credit	• 39		00
40. Alternative Transportation Options Credit	• 40		00



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Name of Partner or Shareholder	Partner's or Shareholder's SSN, ITIN, FEIN, or Colorado Account Number
41. Employer Assistance for Home Purchase Credit	• 41 00
42. Colorado Film Incentive Credit	• 42 00
43. Food Accessibility Credit, certified by the Department of Agriculture	• 43 00
44. Certified Greenhouse Gas Avoidance Credits	• 44 00
45. Electric-Powered Lawn Equipment Credit for qualified retailers	• 45 00
46. Aircraft Modification for Unleaded Fuel Credit	• 46 00
47. Apprenticeship Credit	• 47 00
48. Other Credits, explain below:	• 48 00
Explain	



251706 11024

2025 Colorado Department of Revenue Annual Transmittal of DR 0106K - Colorado K-1 Forms

For the calendar year 2025 or the fiscal year:

Beginning (MM/DD/25)		Ending (MM/DD/YY)	
01/01/25		12/31/25	
Name of Organization		Colorado Account Number	
[REDACTED]		[REDACTED]	
Doing Business As		Federal Employer ID Number	
[REDACTED]		[REDACTED]	
Address			
[REDACTED]			
City		State	ZIP Code
[REDACTED]		[REDACTED]	[REDACTED]
Number of DR 0106Ks Submitted		Phone Number	
1		[REDACTED]	
Mark here if this is an Amended Annual Transmittal Form			☐
1. Total Colorado tax reported if filing DR 0106 Part II, Composite Nonresident Income Tax Return			00
2. Total Colorado tax reported if filing DR 0106 Part III, SALT Parity Act Income Tax Return			00
Mail annual transmittal with DR 0106K forms to: Colorado Department of Revenue, Denver, CO 80261-0005			



258454 11024

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado
Department of Revenue. **Retain with your records.**

For Tax Year (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)
01/01/25	12/31/25

Income Tax Type				
☐ Individual (DR 0104)	☐ C-Corporation (DR 0112)	☒ Partnership/S-Corp (DR 0106)	☐ Fiduciary (DR 0105)	☐ Exempt Entity (DR 0990)
Taxpayer's Last Name or Business Name		First Name or Business DBA if different from Business Name		Middle Initial
Spouse's Last Name (if applicable)		First Name		Middle Initial
Taxpayer's SSN or ITIN		Spouse's SSN or ITIN (if applicable)		FEIN
Taxpayer's or Business's Address		City	State	ZIP

Part I - Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	\$	113197.00
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	2	\$	0.00
3. Colorado Tax (or recapture of prior year credits) from your Colorado return (see instructions for more information)	3	\$	0.00
4. Colorado Tax Withheld, Payments, or Credits from your Colorado return (see instructions for more information)	4	\$	0.00

Part II - Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature of taxpayer, fiduciary officer, or partner	Title	Date (MM/DD/YY)
		04/04/26
Spouse's Signature (If Joint Return, Both Must Sign)		Date (MM/DD/YY)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here ☐

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number, Your SSN, or ITIN
Check if also Preparer ☒	Date (MM/DD/YY)
	04/04/26

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2025		Nonemployee Compensation
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$ 113,197.00		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 State tax withheld	6 State/Payer's state no.	
Account number (see instructions)		\$	\$	

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year		Nonemployee Compensation
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 State tax withheld	6 State/Payer's state no.	
Account number (see instructions)		\$	\$	

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year		Nonemployee Compensation
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		4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 State tax withheld	6 State/Payer's state no.	
Account number (see instructions)		\$	\$	

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