

## General Information

Colorado account number \_\_\_\_\_ [1]  
 Member of household does not have health insurance; share return information with Connect for Health  
 Colorado and the Department of Health Care Policy and Financing \_\_\_\_\_ [2]

## Contributions

### Amount of charitable contributions you wish to make to:

Nongame Conservation and Wildlife Restoration Cash Fund	_____ [3]
Domestic Abuse Fund	_____ [4]
Homeless Prevention Activities Fund	_____ [5]
Pet Overpopulation Fund	_____ [6]
Western Slope Military Veterans Cemetery Fund	_____ [7]
Military Family Relief Fund	_____ [8]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund	_____ [9]
Habitat for Humanity of Colorado Fund	_____ [10]
Special Olympics of Colorado	_____ [11]
Colorado Healthy Rivers Fund	_____ [12]
Alzheimer's Association Fund	_____ [13]
Colorado Cancer Fund	_____ [14]
Make-A-Wish Foundation of Colorado Fund	_____ [15]
Unwanted Horse Fund	_____ [16]
Feeding Colorado	_____ [17]
Colorado Nonprofit Fund	_____ [18]
Charitable organization Secretary of State registration number	_____ [19]
Name of registered organization	_____ [20]

## Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Colorado**

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____ [21]	_____ [22]
Nonresident	_____ [23]	_____ [24]
Part-year resident	_____ [25]	_____ [26]
Military nonresident	_____ [27]	_____ [28]
Part-year residency dates:		
From	_____ [29]	_____ [31]
To	_____ [30]	_____ [32]

**NOTES/QUESTIONS:**