



**2025 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2025**

| | | | | | | | | | | | | | | | | | |
|------------------------------|---|-------------------|------|----------------------------|------|-----------------------|---------|---------------------------|-----|----------------|-----|---------------------|-----|--------------------|-----|---------------------|-----|
| Prepared for | CARMEN RAYAS DOMBAUGH | | | | | | | | | | | | | | | | |
| Tax Summary | <table> <tr><td>Gross Income.....</td><td>\$69</td></tr> <tr><td>Adjusted Gross Income.....</td><td>\$69</td></tr> <tr><td>Total Deductions.....</td><td>\$15750</td></tr> <tr><td>Total Taxable Income.....</td><td>\$0</td></tr> <tr><td>Total Tax.....</td><td>\$0</td></tr> <tr><td>Total Payments.....</td><td>\$0</td></tr> <tr><td>Refund Amount.....</td><td>\$0</td></tr> <tr><td>Amount You Owe.....</td><td>\$0</td></tr> </table> | Gross Income..... | \$69 | Adjusted Gross Income..... | \$69 | Total Deductions..... | \$15750 | Total Taxable Income..... | \$0 | Total Tax..... | \$0 | Total Payments..... | \$0 | Refund Amount..... | \$0 | Amount You Owe..... | \$0 |
| Gross Income..... | \$69 | | | | | | | | | | | | | | | | |
| Adjusted Gross Income..... | \$69 | | | | | | | | | | | | | | | | |
| Total Deductions..... | \$15750 | | | | | | | | | | | | | | | | |
| Total Taxable Income..... | \$0 | | | | | | | | | | | | | | | | |
| Total Tax..... | \$0 | | | | | | | | | | | | | | | | |
| Total Payments..... | \$0 | | | | | | | | | | | | | | | | |
| Refund Amount..... | \$0 | | | | | | | | | | | | | | | | |
| Amount You Owe..... | \$0 | | | | | | | | | | | | | | | | |
| Make check payable to | | | | | | | | | | | | | | | | | |
| Mailing Address | <p>Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.</p> | | | | | | | | | | | | | | | | |

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Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

Your tax obligation is exactly met. No additional tax is due.



**2025 STATE TAX RETURN FILING
INSTRUCTIONS
COLORADO
FOR THE YEAR ENDING
December 31, 2025**

| | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|----------------------------|----|---------|-----------------------|----|---|---------------------------|----|---------|----------------|----|---|---------------------|----|----|--------------------|----|----|---------------------|----|---|
| Prepared for | CARMEN RAYAS DOMBAUGH | | | | | | | | | | | | | | | | | | | | | |
| Tax Summary | <table> <tr> <td>Adjusted Gross Income.....</td> <td>\$</td> <td>-15,681</td> </tr> <tr> <td>Total Deductions.....</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total Taxable Income.....</td> <td>\$</td> <td>-15,681</td> </tr> <tr> <td>Total Tax.....</td> <td>\$</td> <td>0</td> </tr> <tr> <td>Total Payments.....</td> <td>\$</td> <td>19</td> </tr> <tr> <td>Refund Amount.....</td> <td>\$</td> <td>19</td> </tr> <tr> <td>Amount You Owe.....</td> <td>\$</td> <td>0</td> </tr> </table> | Adjusted Gross Income..... | \$ | -15,681 | Total Deductions..... | \$ | 0 | Total Taxable Income..... | \$ | -15,681 | Total Tax..... | \$ | 0 | Total Payments..... | \$ | 19 | Refund Amount..... | \$ | 19 | Amount You Owe..... | \$ | 0 |
| Adjusted Gross Income..... | \$ | -15,681 | | | | | | | | | | | | | | | | | | | | |
| Total Deductions..... | \$ | 0 | | | | | | | | | | | | | | | | | | | | |
| Total Taxable Income..... | \$ | -15,681 | | | | | | | | | | | | | | | | | | | | |
| Total Tax..... | \$ | 0 | | | | | | | | | | | | | | | | | | | | |
| Total Payments..... | \$ | 19 | | | | | | | | | | | | | | | | | | | | |
| Refund Amount..... | \$ | 19 | | | | | | | | | | | | | | | | | | | | |
| Amount You Owe..... | \$ | 0 | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | <p>Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.</p> | | | | | | | | | | | | | | | | | | | | | |

Special Instructions

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

2026 INCOME TAX ESTIMATOR/PLANNER

CARMEN RAYAS DOMBAUGH
651-20-8711

Keep for Your Records

| | Current 2025 | Adjustments 2026 | Estimated 2026 |
|--|-----------------|---------------------|-------------------|
| Filing status | Single | | Single |
| INCOME: | | | |
| Wages, salaries, tips, etc. | | | |
| Interest income | | | |
| Ordinary dividend income (excluding Qualified Dividends) | | | |
| IRA distributions and pension income | | | |
| Taxable social security income | | | |
| Capital gain or (loss) (Schedule D) (including Qual Dividends) | | | |
| Schedule 1 Income | | | |
| Refunds of state and local taxes | | | |
| Alimony received from divorces finalized before 1/1/2025 | | | |
| Business income or (loss) (Schedule C) | | | |
| Other gains or (losses) (Form 4797) | | | |
| Rental real estate, partnerships, estates, etc. (Schedule E) | 69 | | 69 |
| Farm income or (loss) (Schedule F) | | | |
| Unemployment compensation | | | |
| Other income | | | |
| Total income | 69 | | 69 |
| ADDITIONAL DEDUCTIONS: | | | |
| Qualified tips deduction | | | |
| Qualified overtime compensation deduction | | | |
| Qualified vehicle loan interest deduction | | | |
| Senior deduction | | | |
| ADJUSTMENTS: | | | |
| Schedule 1 Adjustments | | | |
| Educator expenses | | | |
| Certain business expenses of reservists, performing artist, and fee-basis government officials | | | |
| Health savings account deduction (Form 8889) | | | |
| Qualified moving expenses | | | |
| Deductible part of self-employment tax (Schedule SE) | | | |
| Self-employed SEP, SIMPLE and qualified plans deduction | | | |
| Self-employed health insurance | | | |
| Penalty on early withdrawal of savings | | | |
| Alimony paid on divorces finalized before 1/1/2025 | | | |
| IRA deduction | | | |
| Student loan interest deduction | | | |
| Archer MSA deduction | | | |
| Other adjustments | | | |
| Total adjustments | | | |
| ADJUSTED GROSS INCOME: | 69 | | 69 |
| DEDUCTIONS: | | | |
| Standard deduction | 15,750 | 350 | 16,100 |
| Itemized deductions: | | | |
| Medical and dental expenses | | | |
| Sales, income, and other taxes paid | 377 | | 377 |
| Interest paid | 535 | | 535 |
| Gifts to charity | | | |
| Casualty and theft losses | | | |
| Other miscellaneous deductions | | | |
| Total itemized deductions | 912 | | 912 |
| Deduction actually claimed | 15,750 | 350 | 16,100 |
| Qualified business income deduction | | | |

2026 INCOME TAX ESTIMATOR/PLANNER

CARMEN RAYAS DOMBAUGH
651-20-8711

Keep for Your Records

| | Current 2025 | Adjustments 2026 | Estimated 2026 |
|---|-----------------|---------------------|-------------------|
| TAX COMPUTATION (BEFORE CREDITS): | | | |
| Taxable income | 0 | -350 | 0 |
| Tax | | | |
| Schedule 2 - Taxes | | | |
| Additions to Tax | | | |
| Alternative minimum tax | | | |
| Tax rate | 10.0% | | 10.0% |
| CREDITS: | | | |
| Child and other dependents tax credit | | | |
| Schedule 3 - Nonrefundable Credits | | | |
| Foreign tax credit | | | |
| Child care credit | | | |
| Education credit | | | |
| Retirement savings contribution credit | | | |
| Other credits | | | |
| Total credits | | | |
| OTHER TAXES: | | | |
| Schedule 2 - Other Taxes | | | |
| Self-employment tax | | | |
| Additional tax on IRAs | | | |
| Other taxes | | | |
| Total other taxes | | | |
| PAYMENTS: | | | |
| Federal income tax withheld | | | |
| Estimated payments | | | |
| Earned income credit | | | |
| Additional child tax credit | | | |
| Schedule 3 - Refundable Credits and Payments | | | |
| American opportunity credit | | | |
| ACA premium tax credit | | | |
| Other payments | | | |
| Total payments | | | |
| AMOUNT DUE / REFUND: | | | |
| Amount overpaid | | | |
| Overpayment applied to next year | | | |
| Refund | | | |
| Amount due | | | |

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Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2025 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2025 tax return prepared using the actual 2025 tax forms issued by the Internal Revenue Service and your actual 2025 source documents.

ADDITIONAL DISCLOSURES:

The mortgage interest deduction for any qualified residence acquired after December 15, 2017 is limited to interest on the first \$750,000 (\$375,000 for MFS) of the mortgage. Loans financed before that date are still subject to the \$1,000,000 (\$500,000) limit from prior law. For tax years after 2022 home equity debt will no longer be deductible as qualified residence interest.
Standard deduction limits increased to \$32,200 for MFJ and QSS filers \$24,150 for head of household (HOH) filers \$16,100 single
The State and local tax deduction is limited to \$10,000 (\$5,000 MFS)

2025 TWO YEAR COMPARISON

CARMEN RAYAS DOMBAUGH
651-20-8711

Keep for Your Records
Difference

| | 2025 | 2024 | |
|---|--------|-------|--------|
| Filing status | Single | | |
| INCOME: | | | |
| Wages, salaries, tips, etc. | _____ | _____ | _____ |
| Interest income | _____ | _____ | _____ |
| Ordinary dividend income | _____ | _____ | _____ |
| IRA distributions and pension income | _____ | _____ | _____ |
| Taxable social security income | _____ | _____ | _____ |
| Capital gain or (loss) (Schedule D) | _____ | _____ | _____ |
| Schedule 1 - Income | | | |
| Refunds of state and local taxes | _____ | _____ | _____ |
| Alimony received | _____ | _____ | _____ |
| Business income or (loss) (Schedule C) | _____ | _____ | _____ |
| Other gains or (losses) (Form 4797) | _____ | _____ | _____ |
| Rental real estate, partnerships, estates, etc. (Schedule E) | 69 | | 69 |
| Farm income or (loss) (Schedule F) | _____ | _____ | _____ |
| Unemployment compensation | _____ | _____ | _____ |
| Other income | _____ | _____ | _____ |
| Total income | 69 | | 69 |
| ADJUSTMENTS: | | | |
| Schedule 1 - Adjustments | | | |
| Educator expenses | _____ | _____ | _____ |
| Busn expenses for reservists, performing artists, etc | _____ | _____ | _____ |
| Health savings account deduction | _____ | _____ | _____ |
| Moving expenses | _____ | _____ | _____ |
| Deductible part of self-employment tax | _____ | _____ | _____ |
| Self-employed SEP, SIMPLE and qualified plans deduction ... | _____ | _____ | _____ |
| Self-employed health insurance | _____ | _____ | _____ |
| Penalty on early withdrawal of savings | _____ | _____ | _____ |
| Alimony paid | _____ | _____ | _____ |
| IRA contributions | _____ | _____ | _____ |
| Student loan interest deduction | _____ | _____ | _____ |
| Archer MSA deduction | _____ | _____ | _____ |
| Other adjustments | _____ | _____ | _____ |
| Total adjustments | _____ | _____ | _____ |
| ADJUSTED GROSS INCOME: | 69 | | 69 |
| DEDUCTIONS: | | | |
| Standard deduction or Itemized deductions | 15,750 | | 15,750 |
| Charitable contributions if taking standard deduction | N/A | | |
| If itemized, Schedule A deductions: | | | |
| Medical and dental expenses | _____ | _____ | _____ |
| Sales, income, and other taxes paid | 377 | | 377 |
| Interest paid | 535 | | 535 |
| Gifts to charity | _____ | _____ | _____ |
| Casualty and theft losses | _____ | _____ | _____ |
| Other miscellaneous deductions | _____ | _____ | _____ |
| Qualified business income deduction | _____ | _____ | _____ |
| Schedule 1-A Additional deductions | | | |
| Qualified tips deduction | _____ | _____ | _____ |
| Qualified overtime compensation deduction | _____ | _____ | _____ |
| Qualified passenger vehicle loan interest deduction | _____ | _____ | _____ |
| Enhanced deduction for seniors | _____ | _____ | _____ |
| TAXABLE INCOME: | _____ | _____ | _____ |

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2025 TWO YEAR COMPARISON

CARMEN RAYAS DOMBAUGH
651-20-8711

Keep for Your Records

| | 2025 | 2024 | Difference |
|--|-------|------|------------|
| TAX COMPUTATION (BEFORE CREDITS): | | | |
| Tax | | | |
| Tax calculation method | TABLE | | |
| Schedule 2 - Taxes | | | |
| Additions to Tax | | | |
| Alternative minimum tax | | | |
| Total taxes | | | |
| Tax rate | 10% | % | |
| CREDITS: | | | |
| Child and other dependents tax credit | | | |
| Schedule 3 - Non-Refundable Credits | | | |
| Foreign tax credit | | | |
| Child care credit | | | |
| Education credit | | | |
| Retirement savings contribution credit | | | |
| Other credits | | | |
| Total credits | | | |
| OTHER TAXES: | | | |
| Schedule 2 - Other Taxes | | | |
| Self-employment tax | | | |
| Additional tax on IRAs | | | |
| Other taxes | | | |
| TOTAL TAXES: | | | |
| PAYMENTS: | | | |
| Federal income tax withheld | | | |
| Estimated payments made | | | |
| Earned income credit | | | |
| Refundable child tax credit or additional child tax credit | | | |
| American opportunity credit | | | |
| Schedule 3 - Refundable Credits & Payments | | | |
| ACA premium tax credit | | | |
| Qualified sick and family leave credit | | | |
| Other payments | | | |
| Total payments | | | |
| AMOUNT DUE / REFUND: | | | |
| Amount overpaid | | | |
| Overpayment applied to next year | | | |
| Refund | | | |
| Amount due | | | |
| Penalty | | | |

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Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

For the year Jan. 1-Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse Other

Your first name and middle initial Last name Your social security number CARMEN RAYAS DOMBAUGH 651-20-8711

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 4211 DEER WATCH DR

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code CASTLE ROCK CO 80104

Foreign country name Foreign province/state/county Foreign postal code

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS). Enter spouse's SSN above and full name here: Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2025, did you: (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)? Yes No

Dependents (see instr.): Dependent 1 Dependent 2 Dependent 3 Dependent 4

Table with columns for dependent information: (1) First name, (2) Last name, (3) SSN, (4) Relationship, (5) Check if lived with you more than half of 2025, (6) Check if Full-time student, Permanently and totally disabled, (7) Credits Child tax credit, Credit for other dependents.

Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income section table with rows 1a through 11a. Includes instructions to attach Form(s) W-2 here, and Form(s) W-2G and 1099-R if tax was withheld. Includes instructions to attach Sch. B if required.

Tax and Credits

11b Amount from line 11a (adjusted gross income)

12a Someone can claim You as a dependent Your spouse as a dependent

b Spouse itemizes on a separate return **c** You were a dual-status alien

d You: Were born before January 2, 1961 Are blind

Spouse: Was born before January 2, 1961 Is blind

e Standard deduction or itemized deductions (from Schedule A)

13a Qualified business income deduction from Form 8995 or Form 8995-A

b Additional deductions from Schedule 1-A, line 38

14 Add lines 12e, 13a, and 13b

15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**.

16 Tax (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 **3** _____

17 Amount from Schedule 2, line 3

18 Add lines 16 and 17.

19 Child tax credit or credit for other dependents from Schedule 8812

20 Amount from Schedule 3, line 8

21 Add lines 19 and 20

22 Subtract line 21 from line 18. If zero or less, enter -0-

23 Other taxes, including self-employment tax, from Schedule 2, line 21

24 Add lines 22 and 23. This is your **total tax**.

| | |
|------------|--------|
| 11b | 69 |
| 12e | 15,750 |
| 13a | |
| 13b | |
| 14 | 15,750 |
| 15 | 0 |
| 16 | 0 |
| 17 | |
| 18 | 0 |
| 19 | |
| 20 | |
| 21 | |
| 22 | 0 |
| 23 | |
| 24 | 0 |

Payments and Refundable Credits

25 Federal income tax withheld from:

a Form(s) W-2 **25a**

b Form(s) 1099 **25b**

c Other forms (see instructions) **25c**

d Add lines 25a through 25c **25d**

26 2025 estimated tax payments and amount applied from 2024 return **26**

If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____

27a Earned income credit (EIC) **27a**

b Clergy filing Schedule SE (see instructions)

c If you do not want to claim the EIC, check here

28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here **28**

29 American opportunity credit from Form 8863, line 8 **29**

30 Refundable adoption credit from Form 8839, line 13 **30**

31 Amount from Schedule 3, line 15 **31**

32 Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**. **32**

33 Add lines 25d, 26, and 32. These are your **total payments**. **33**

| | |
|------------|--|
| 25a | |
| 25b | |
| 25c | |
| 25d | |
| 26 | |
| 27a | |
| 28 | |
| 29 | |
| 30 | |
| 31 | |
| 32 | |
| 33 | |

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**. **34**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a**

b Routing number XXXXXXXXXXXXXXXXXXXX **c** Type: Checking Savings

d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

36 Amount of line 34 you want **applied to your 2026 estimated tax**. **36**

| | |
|------------|--|
| 34 | |
| 35a | |
| 36 | |

Amount You Owe

37 Subtract line 33 from line 24. This is the **amount you owe**. **37**

For details on how to pay, go to www.irs.gov/Payments or see instructions

38 Estimated tax penalty (see instructions) **38**

| | |
|-----------|--|
| 37 | |
| 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

Your signature _____ Date _____ Your occupation Other

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. 7208390545 Email address michael.dombaugh@gmail.com

Paid Preparer Use Only

Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Check if: Self-employed

Firm's name _____ Phone no. _____

Firm's address _____ Firm's EIN _____

SCHEDULE 1

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2025

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

CARMEN RAYAS DOMBAUGH

Your social security number

651-20-8711

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

Table with columns for line numbers (1-10), descriptions of income types (1-8z), and amounts. Includes a large 'CLIENT COPY' watermark and 'DO NOT FILE' text.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2025 Created 7/25/25

SCHEDULE E
(Form 1040)

Supplemental Income and Loss
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2025
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return
CARMEN RAYAS DOMBAUGH

Your social security number
651-20-8711

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 3746 Blackfeather Trl, Castle Rock, CO 80104
B 4211 Deer Watch Dr, Castle Rock, CO 80104
C

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | | Personal Use Days | | QJV | |
|---------------------------------------|--|------------------|---|-------------------|---|-----|--|
| | | A | B | A | B | | |
| A 1 | | 365 | | | | | |
| B 2 | | 365 | | | | | |
| C | | | | | | | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | Properties: | | |
|-----------------------------|-------------|--------|---|
| | A | B | C |
| 3 Rents received | 41,660 | 32,260 | |
| 4 Royalties received | | | |

| Expenses: | A | B | C |
|--|--------|-----------|-----|
| 5 Advertising | | | |
| 6 Auto and travel (see instructions) | | 810 | |
| 7 Cleaning and maintenance | | 411 | |
| 8 Commissions | | | |
| 9 Insurance | 2,140 | | |
| 10 Legal and other professional fees | | | |
| 11 Management fees | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 16,898 | 5,119 | |
| 13 Other interest | | | |
| 14 Repairs | | 4,522 | |
| 15 Supplies | 921 | 847 | |
| 16 Taxes | 2,521 | 1,986 | |
| 17 Utilities | 3,460 | 855 | |
| 18 Depreciation expense or depletion | 13,417 | 18,400 | |
| 19 Other (list) <i>See Attachment</i> | | 1,544 | |
| 20 Total expenses. Add lines 5 through 19 | 39,357 | 34,494 | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 2,303 | -2,234 | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | () | (2,234) | () |

| | | | |
|--|------------|--------|--|
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 73,920 | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | 22,017 | |
| d Total of all amounts reported on line 18 for all properties | 23d | 31,817 | |
| e Total of all amounts reported on line 20 for all properties | 23e | 73,851 | |

| | | | |
|---|-----------|-----------|----|
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | 2,303 | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (2,234) | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | 69 |

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2025

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: CARMEN RAYAS DOMBAUGH, SCH E P1 SINGL FMLY RESIDENCE, 651-20-8711

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and a table for property details. Includes rows for maximum amount, total cost, threshold cost, reduction in limitation, dollar limitation, and a table with columns (a) Description of property, (b) Cost, (c) Elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance, section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2025 and a checkbox for general asset accounts.

Section B -- Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, 50-year, residential rental, and nonresidential real property.

Section C -- Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 50-year, (f) Method. Rows include 12-year, 30-year, 40-year, and 50-year classes.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2025) Created 10/9/25

Part IV Summary (See instructions.)

Table with 2 columns: Description and Amount. Row 21: Listed property. Row 22: Total. Row 23a: Assets shown in Part III (interest costs). Row 23b: Assets shown in Part III (other costs).

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 24c Do you own, lease, or charter an aircraft? Check all that apply.

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Busn./investment use percentage, (d) Cost or other basis, (e) Basis for depr., (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Rows 25-27.

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2025 Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: CARMEN RAYAS DOMBAUGH, SCH E P1 MULTI FMLY RESIDENCE, 651-20-8711

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and 3 columns for (a) Description of property, (b) Cost, (c) Elected cost. Includes lines 1-13.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows (14-16) for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows (17-18) for MACRS deductions and general asset accounts.

Section B -- Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-j.

Section C -- Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 50-year, (f) Method, (g) Depreciation deduction. Rows 20a-e.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2025) Created 10/9/25

Part IV Summary (See instructions.)

Table with 2 columns: Description and Amount. Row 21: Listed property. Row 22: Total. Row 23a: Assets shown in Part III (interest costs). Row 23b: Assets shown in Part III (other costs).

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with 2 columns: Question and Answer. Row 24a: Evidence for business/investment use. Row 24b: Evidence written? Row 24c: Own, Lease, or Charter aircraft?

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Busn./investment use percentage, (d) Cost or other basis, (e) Basis for depr., (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 25: Special depreciation allowance.

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Busn./investment use percentage, (d) Cost or other basis, (e) Basis for depr., (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 26: Property used more than 50% in a qualified business use.

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Busn./investment use percentage, (d) Cost or other basis, (e) Basis for depr., (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 27: Property used 50% or less in a qualified business use.

Table with 2 columns: Question and Amount. Row 28: Add amounts in column (h). Row 29: Add amounts in column (i).

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-33: Total miles driven. Rows 34-36: Personal use availability questions.

**SCHEDULE E AMT
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

FOR AMT PURPOSES ONLY

2025
Attachment
Sequence No. **13**

Name(s) shown on return

CARMEN RAYAS DOMBAUGH

Your social security number

651-20-8711

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

| | | | |
|--|-----|-------------------------------------|----|
| A Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions | Yes | <input checked="" type="checkbox"/> | No |
| B If "Yes," did you or will you file required Form(s) 1099? | Yes | <input type="checkbox"/> | No |

1a Physical address of each property (street, city, state, ZIP code)

| | |
|----------|--|
| A | 3746 Blackfeather Trl, Castle Rock, CO 80104 |
| B | 4211 Deer Watch Dr, Castle Rock, CO 80104 |
| C | |

| 1b Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|--|---|------------------|-------------------|-----|
| A 1 | | A 365 | | |
| B 2 | | B 365 | | |
| C | | C | | |

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

| | Properties: | | |
|-----------------------------------|-----------------|----------|----------|
| | A | B | C |
| Income: | | | |
| 3 Rents received | 3 41,660 | 32,260 | |
| 4 Royalties received | 4 | | |

| | | | |
|---|------------------|-----------|--------|
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | 810 |
| 7 Cleaning and maintenance | 7 | | 411 |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 2,140 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 16,898 | 5,119 | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 | | 4,522 |
| 15 Supplies | 15 921 | | 847 |
| 16 Taxes | 16 2,521 | | 1,986 |
| 17 Utilities | 17 3,460 | | 855 |
| 18 Depreciation expense or depletion | 18 13,417 | | 18,399 |
| 19 Other (list) <u>See Attachment</u> | 19 | | 1,544 |
| 20 Total expenses. Add lines 5 through 19 | 20 39,357 | 34,493 | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 2,303 | -2,233 | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 () | (2,233) | () |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 73,920 | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | 22,017 | |
| d Total of all amounts reported on line 18 for all properties | 23d | 31,816 | |
| e Total of all amounts reported on line 20 for all properties | 23e | 73,850 | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | 2,303 |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (2,233) | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | 70 |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2025 Created 5/6/25

2025 SCHEDULE E OTHER EXPENSES ATTACHMENT
For AMT Purposes Only

CARMEN RAYAS DOMBAUGH
651-20-8711

SCHEDULE E # 1 PROPERTY COLUMN (A, B, OR C) B
PROPERTY DESCRIPTION MULTI-FAMILY RESIDENCE

| Other Expense Description | Amount |
|---------------------------|--------|
| Management Fees | 905 |
| HOA Renals Only | 638 |

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Total: 1,544

2025 INVESTMENT INCOME WORKSHEET FOR EIC

CARMEN RAYAS DOMBAUGH
651-20-8711

Keep for Your Records
Publication 596

Use this worksheet to figure investment income for the EIC when you file Form 1040 or 1040-SR.

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. _____
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. _____
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2 in this chapter to figure the amount to enter on this line.) . . . 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. _____ 0
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____ 0
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____ 0

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l 8. _____
9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b 9. _____
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter -0-.) 10. _____ 0

Passive Activities

11. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40; or an ordinary gain identified as "FPA" on Form 4797, line 10). (See instructions below for lines 11 and 12.) 11. _____ 2,303
12. Enter the total of any losses from passive activities (such as losses included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.) 12. _____ -2,234
13. Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter-0-.) 13. _____ 69
14. Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. **This is your investment income** 14. _____ 69
15. Is the amount on line 14 more than \$11,950?
 Yes. You can't take the credit.
 No. Go to Step 3 of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7 next).

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4, 7, or 10 of this worksheet. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

2025 FEDERAL DEPRECIATION SCHEDULE

CARMEN RAYAS DOMBAUGH
 651-20-8711
 For Form Schedule E # 1

| Description | Date In Service | Method - Life | Cost | Prior Sec 179 | Current Sec 179 | Prior Sp Allow | Current Sp Allow | Basis | Prior Depr. | Current Depr. | Accum. Depr. | Adjusted Basis |
|-------------------|-----------------|------------------|--------|------------------|--------------------|-------------------|---------------------|--------|----------------|------------------|-----------------|-------------------|
| 3746 Blackfeather | 05/01/2022 | SLMM-27.5 | 615000 | | | | | 369000 | 39694 | 13417 | 53111 | 315889 |

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| | | | | | | | | | | | | |
|------------|---------|--|--------|--|--|--|--|--------|-------|-------|-------|--------|
| Subtotals: | | | 615000 | | | | | 369000 | 39694 | 13417 | 53111 | 315889 |
| 1 ASSET | Totals: | | 615000 | | | | | 369000 | 39694 | 13417 | 53111 | 315889 |

2025 FEDERAL DEPRECIATION SCHEDULE

CARMEN RAYAS DOMBAUGH
 651-20-8711
 For Form Schedule E # 2

| Description | Date In Service | Method - Life | Cost | Prior Sec 179 | Current Sec 179 | Prior Sp Allow | Current Sp Allow | Basis | Prior Depr. | Current Depr. | Accum. Depr. | Adjusted Basis |
|-------------------|-----------------|------------------|--------|------------------|--------------------|-------------------|---------------------|--------|----------------|------------------|-----------------|-------------------|
| 4211 Deer Watch D | 01/01/2023 | SLMM-27.5 | 559300 | | | | | 506040 | 29871 | 18400 | 48271 | 457769 |

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| | | | | | | | | | | | | |
|------------|---------|--|--------|--|--|--|--|--------|-------|-------|-------|--------|
| Subtotals: | | | 559300 | | | | | 506040 | 29871 | 18400 | 48271 | 457769 |
| 1 ASSET | Totals: | | 559300 | | | | | 506040 | 29871 | 18400 | 48271 | 457769 |

2025 FEDERAL AMT DEPRECIATION SCHEDULE

CARMEN RAYAS DOMBAUGH
 651-20-8711
 For Form Schedule E # 1

| Description | Date In Service | Method - Life | Cost | Prior Sec 179 | Current Sec 179 | Prior Sp Allow | Current Sp Allow | Basis | Prior Depr. | Current Depr. | Accum. Depr. | Adjusted Basis |
|-------------------|-----------------|------------------|--------|------------------|--------------------|-------------------|---------------------|--------|----------------|------------------|-----------------|-------------------|
| 3746 Blackfeather | 05/01/2022 | SLMM-27.5 | 615000 | | | | | 369000 | 35221 | 13417 | 48638 | 320362 |

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| | | | | | | | | | | | | |
|------------|---------|--|--------|--|--|--|--|--------|-------|-------|-------|--------|
| Subtotals: | | | 615000 | | | | | 369000 | 35221 | 13417 | 48638 | 320362 |
| 1 ASSET | Totals: | | 615000 | | | | | 369000 | 35221 | 13417 | 48638 | 320362 |

2025 FEDERAL AMT DEPRECIATION SCHEDULE

CARMEN RAYAS DOMBAUGH
 651-20-8711
 For Form Schedule E # 2

| Description | Date In Service | Method - Life | Cost | Prior Sec 179 | Current Sec 179 | Prior Sp Allow | Current Sp Allow | Basis | Prior Depr. | Current Depr. | Accum. Depr. | Adjusted Basis |
|-------------------|-----------------|---------------|--------|---------------|-----------------|----------------|------------------|--------|-------------|---------------|--------------|----------------|
| 4211 Deer Watch D | 01/01/2023 | SLMM-27.5 | 559300 | | | | | 506027 | 36034 | 18399 | 54433 | 451594 |

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| | | | | | | | | | | | | |
|------------|---------|--|--------|--|--|--|--|--------|-------|-------|-------|--------|
| Subtotals: | | | 559300 | | | | | 506027 | 36034 | 18399 | 54433 | 451594 |
| 1 ASSET | Totals: | | 559300 | | | | | 506027 | 36034 | 18399 | 54433 | 451594 |



250104 11729

DR 0104 (10/03/25)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 8
(0013)



2025 Colorado Individual Income Tax Return

Residency Status

- Full-Year
- Part-Year or Nonresident (or combination of full-year, part-year, or nonresident). You must submit form DR 0104PN with your return.
- Abroad on due date

Taxpayer Information

● Your Last Name
 ● Your First Name
 ● Your Middle Initial

● Date of Birth (MM/DD/YYYY)
 ● SSN or ITIN
 Deceased: ● Yes - If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.

Enter the following information from your current driver license or state identification card.

● State of Issue
 ● Last 4 characters of ID number
 ● Date of Issuance (MM/DD/YYYY)

Spouse's Information

● If Joint, Spouse's Last Name
 ● Spouse's First Name
 ● Spouse's Middle Initial

● Date of Birth (MM/DD/YYYY)
 ● SSN or ITIN
 Deceased: ● Yes - If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.

Enter the following information from your spouse's current driver license or state identification card.

● State of Issue
 ● Last 4 characters of ID number
 ● Date of Issuance (MM/DD/YYYY)

This page is required.



250104 21729

Your Last Name (match page 1)

RAYAS DOMBAUGH

Your First Name (match page 1)

CARMEN

Your Middle Initial

SSN or ITIN (match page 1)

651-20-8711

Contact Information

Mailing Address

4211 DEER WATCH DR

Phone Number

7208390545

City

CASTLE ROCK

State

CO

ZIP Code

80104

Foreign Country (if applicable)

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Dependents

If you have more than 5 dependents, you must file electronically.

Dependent 1: Child Tax Credit: Yes Deceased: Yes

Last Name First Name SSN or ITIN Year of Birth

Dependent 2: Child Tax Credit: Yes Deceased: Yes

Last Name First Name SSN or ITIN Year of Birth

Dependent 3: Child Tax Credit: Yes Deceased: Yes

Last Name First Name SSN or ITIN Year of Birth

Dependent 4: Child Tax Credit: Yes Deceased: Yes

Last Name First Name SSN or ITIN Year of Birth

Dependent 5: Child Tax Credit: Yes Deceased: Yes

Last Name First Name SSN or ITIN Year of Birth



250104 31729

Your Last Name (match page 1)

RAYAS DOMBAUGH

Your First Name (match page 1)

CARMEN

Your Middle Initial

SSN or ITIN (match page 1)

651-20-8711

To see if you or members of your household qualify for free or reduced-cost health coverage, check this box if:

- You are a Colorado resident and at least one person in your household does not have health coverage **and**
- You give permission for the Colorado Department of Revenue to share the information on Form DR 0104EE with Connect for Health Colorado (the Colorado Health Benefit Exchange) and the Department of Health Care Policy & Financing.

Round To The Nearest Dollar

1. Federal Taxable Income from your federal income tax form:
1040, 1040 SR, or 1040 SP line 15 ● 1

Additions to Federal Taxable Income

2. State Income Tax Addback (see instructions) ● 2
3. Qualified Business Income Deduction Addback
(see instructions) ● 3
4. Standard or Itemized Federal Deduction Addback
(see instructions) ● 4
5. Business meals deducted pursuant to section 274(k) of the
Internal Revenue Code ● 5
6. Nonqualified CollegeInvest Tuition Savings Account
distributions (see instructions) ● 6
7. Nonqualified Colorado ABLE Account distributions
(see instructions) ● 7
8. Reserved for future use 8
9. Other Additions, explain (see instructions) ● 9

Explain:

10. Subtotal, sum of lines 1 through 7 and line 9 10



250104 41729

Your Last Name (match page 1)

RAYAS DOMBAUGH

Your First Name (match page 1)

CARMEN

Your Middle Initial

SSN or ITIN (match page 1)

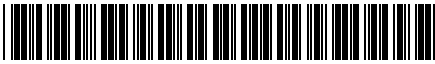
651-20-8711

Colorado Subtractions

- 11. Subtractions from the DR 0104AD Schedule, line 22, you must submit the DR 0104AD schedule with your return. . . . • 11 00
- 12. Colorado Taxable Income, subtract line 11 from line 10. . . . • 12 00

Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule

- 13. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable. . . • 13 00
- 14. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return. • 14 00
- 15. Recapture of prior year credits • 15 00
- 16. Subtotal, sum of lines 13 through 15 16 00
- 17. Nonrefundable Credits from the DR 0104CR line 65, the sum of lines 17, 18, 19, and 20 cannot exceed line 16, you must submit the DR 0104CR with your return • 17 00
- 18. Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 26, the sum of lines 17, 18, 19, and 20 cannot exceed line 16, you must submit the DR 1366 with your return. • 18 00
- 19. Nonrefundable CHIPS Zone Credit from DR 1370, line 22, the sum of lines 17, 18, 19, and 20 cannot exceed line 16, you must submit DR 1370 with your return • 19 00
- 20. Strategic Capital Tax Credit from DR 1330, the sum of lines 17, 18, 19, and 20 cannot exceed line 16, you must submit the DR 1330 with your return. • 20 00
- 21. Net Income Tax, subtract the sum of lines 17, 18, 19, and 20 from line 16. 21 00
- 22. Repayment of credit from form DR 0619, lines 4 and 11, you must submit the DR 0619 with your return • 22 00
- 23. Net Tax and Required Repayment, sum of lines 21 and 22. 23 00



250104 51729

Your Last Name (match page 1)

RAYAS DOMBAUGH

Your First Name (match page 1)

CARMEN

Your Middle Initial

SSN or ITIN (match page 1)

651-20-8711

Tax, Prepayments and Credits (continued):

- 24. Colorado Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return. ● 24
- 25. Prior-year Estimated Tax Carryforward. ● 25
- 26. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year. ● 26
- 27. Extension Payment remitted with the DR 0158. ● 27
- 28. Other Prepayments: ● DR 0104BEP ● DR 1079 ● 28
- 29. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return. ● 29
- 30. Innovative Motor Vehicle and Innovative Truck Credit for a vehicle you purchased or leased from form DR 0617, you must submit the DR 0617(s) with your return. ● 30
- 31. Refundable Credits from the DR 0104CR line 26, you must submit the DR 0104CR with your return ● 31
- 32. Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return. ● 32
- 33. Subtotal, sum of lines 24 through 32. 33

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250104 61729

Your Last Name (match page 1)

RAYAS DOMBAUGH

Your First Name (match page 1)

CARMEN

Your Middle Initial

SSN or ITIN (match page 1)

651-20-8711

Modified Adjusted Gross Income (AGI) for TABOR Sales Tax Refund

Lines 34 through 37 are only used to calculate your TABOR amount and do not affect your Colorado tax liability.

- 34. Federal Adjusted Gross Income from your federal income tax form: 1040, 1040 SR, or 1040 SP line 11a. ● 34
- 35. Nontaxable Social Security Income. ● 35
- 36. Nontaxable interest income from state and local bonds. ● 36
- 37. Sum of lines 34 through 36: Modified AGI for TABOR amount. ● 37

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Modified AGI Tiers for TABOR State Sales Tax Refund

| If line 37 is: | \$52,000 or less | \$52,001 – \$105,000 | \$105,001 – \$168,000 | \$168,001 – \$233,000 | \$233,001 – \$299,000 | \$299,001 or more |
|---------------------|------------------|----------------------|-----------------------|-----------------------|-----------------------|-------------------|
| Single Filers Enter | \$19 | \$25 | \$29 | \$35 | \$37 | \$59 |
| Joint Filers Enter | \$38 | \$50 | \$58 | \$70 | \$74 | \$118 |

- 38. TABOR State Sales Tax Refund: For full-year Colorado residents, born before 2007, or full-year Colorado residents who are under the age of eighteen but are required to file a return. Your return must be postmarked or transmitted by the extension due date. Use the amount on line 37 and reference the table above. ● 38
- 39. Sum of lines 33 and 38. ● 39
- 40. Overpayment, if line 39 is greater than line 23 then subtract line 23 from line 39. ● 40
- 41. Estimated Tax Credit Carryforward to the next tax year, if any. ● 41
- 42. Refund, subtract line 41 from line 40. If you would like to donate all or a portion of your refund to a qualified Colorado charity, complete and submit form DR 0104CH with your return. ● 42



250104 71729

Your Last Name (match page 1)

RAYAS DOMBAUGH

Your First Name (match page 1)

CARMEN

Your Middle Initial

SSN or ITIN (match page 1)

651-20-8711

43. Net Tax Due, subtract line 39 from line 23..... 43 00

44. Delinquent Payment Penalty (see instructions)..... • 44 00

45. Delinquent Payment Interest (see instructions)..... • 45 00

46. Estimated Tax Penalty, you must submit the DR 0204 with your return (see instructions)..... • 46 00

47. Amount You Owe, sum of lines 43 through 46..... • 47

The State may convert your check to a one-time electronic banking transaction. Your bank account may 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 payment amount directly from your bank account electronically.

Direct Deposit

Routing Number

Account Number

Type: Checking Savings CollegenInvest 529

For questions regarding CollegenInvest direct deposit or to open an account, visit CollegenInvest.org or call 800-448-2424.

Third Party Designee

Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.

• No • Yes. Complete the following:

• Designee's Name

• Phone Number



250104 81729



Your Last Name (match page 1)

RAYAS DOMBAUGH

Your First Name (match page 1)

CARMEN

Your Middle Initial

SSN or ITIN (match page 1)

651-20-8711

Sign Below

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct, and complete.

Your Signature

Date (MM/DD/YY)

Spouse's Signature. If joint return, **both** must sign.

Date (MM/DD/YY)

Paid Preparer's Name

Paid Preparer's Phone

Paid Preparer's Address

City

State

ZIP Code

File and Pay

You may file and pay at: Colorado.gov/RevenueOnline or

If you are mailing this return **with** a check or payment, please send all eight required pages to:

Colorado Department of Revenue
Denver, CO 80261-0006

If you are mailing this return **without** a check or payment, please send all eight required pages to:

Colorado Department of Revenue
Denver, CO 80261-0005

These ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.





258454 11729

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 | |

| | | | | | |
|--|--|--|--|--|-------|
| Income Tax Type | | | | | |
| <input checked="" type="checkbox"/> Individual (DR 0104) | <input type="checkbox"/> C-Corporation (DR 0112) | <input type="checkbox"/> Partnership/S-Corp (DR 0106) | <input type="checkbox"/> Fiduciary (DR 0105) | <input type="checkbox"/> Exempt Entity (DR 0990) | |
| Taxpayer's Last Name or Business Name | | First Name or Business DBA if different from Business Name | | Middle Initial | |
| RAYAS DOMBAUGH | | CARMEN | | | |
| Spouse's Last Name (if applicable) | | First Name | | Middle Initial | |
| | | | | | |
| Taxpayer's SSN or ITIN | | Spouse's SSN or ITIN (if applicable) | | FEIN | |
| 651-20-8711 | | | | | |
| Taxpayer's or Business's Address | | | City | State | ZIP |
| 4211 DEER WATCH DR | | | CASTLE ROCK | CO | 80104 |

Part I -- Tax Return Information

| | | | |
|--|---|----|----|
| 1. Total Income from your federal return (see instructions for more information) | 1 | \$ | 69 |
| 2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information) | 2 | \$ | |
| 3. Colorado Tax (or recapture of prior year credits) from your Colorado return (see instructions for more information) | 3 | \$ | |
| 4. Colorado Tax Withheld, Payments, or Credits from your Colorado return (see instructions for more information) | 4 | \$ | |

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) |
| | | |
| 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) |
| |