



**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>																

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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DO NOT FILE

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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DO NOT FILE

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. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.
 4211 DEER WATCH DR
 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign
 CASTLE ROCK CO 80104 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Head of household (HOH)
 Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)
 Married filing separately (MFS). Enter spouse's SSN above If you checked the HOH or QSS box, enter the child's name and full name here:
 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)? (See instructions.) Yes No

Dependents (see instr.):	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents
<input type="checkbox"/> 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	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)										
b Household employee wages not reported on Form(s) W-2										
c Tip income not reported on line 1a (see instructions)										
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
e Taxable dependent care benefits from Form 2441, line 26										
f Employer-provided adoption benefits from Form 8839, line 31										
g Wages from Form 8919, line 6										
h Other earned income (see instructions). Enter type and amount:										
i Nontaxable combat pay election (see instructions)										
z Add lines 1a through 1h										
2a Tax-exempt interest	2a		b Taxable interest	2b						
3a Qualified dividends	3a		b Ordinary dividends	3b						
c Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a			2 <input type="checkbox"/> Line 3b							
4a IRA distributions	4a		b Taxable amount	4b						
c Check if (see instructions) 1 <input type="checkbox"/> Rollover			2 <input type="checkbox"/> QCD 3 <input type="checkbox"/>							
5a Pensions and annuities	5a		b Taxable amount	5b						
c Check if (see instructions) 1 <input type="checkbox"/> Rollover			2 <input type="checkbox"/> PSO 3 <input type="checkbox"/>							
6a Social security benefits	6a		b Taxable amount	6b						
c If you elect to use the lump-sum election method, check here (see instructions)										
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here										
7a Capital gain or (loss). Attach Schedule D if required				7a						
b Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)										
8 Additional income from Schedule 1, line 10				8						69
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income				9						69
10 Adjustments to income from Schedule 1, line 26				10						
11a Subtract line 10 from line 9. This is your adjusted gross income				11a						69

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

Direct deposit? See instructions.
 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**.
 For details on how to pay, go to www.irs.gov/Payments or see instructions 37

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

Attachment Sequence No. **01**

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.

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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	69
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	0
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	69

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 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) See Attachment		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

For Paperwork Reduction Act Notice, see the separate instructions. Schedule E (Form 1040) 2025 Created 5/6/25

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 property description/cost/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 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 class life and corresponding recovery periods and methods.

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.)

Form section A containing questions 24a, 24b, 24c, 25, 26, 27, 28, and 29. Includes checkboxes for 'Yes/No' and 'Own/Lease/Charter'.

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 for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 contain questions about miles driven and personal use availability.

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

Name(s) shown on return CARMEN RAYAS DOMBAUGH	Business or activity to which this form relates SCH E P1 MULTI FMLY RESIDENCE	Identifying number 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.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	0
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	18,400
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	50-year property		50 yrs.	MM	S/L	
i	Residential rental property		27.5 yrs.	MM	S/L	
j	Nonresidential real property		39 yrs.	MM	S/L	

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

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	
e	50-year		50 yrs.	MM	S/L	

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.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use.

27 Property used 50% or less in a qualified business use.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21. 29 Add amounts in column (i), line 26. Enter here and on line 7.

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: 30 Total business/investment miles driven, 31 Total commuting miles driven, 32 Total other personal (noncommuting) miles driven, 33 Total miles driven during the year, 34-36 Vehicle 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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DO NOT FILE

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)

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)

03/21/26

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](https://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	
RAYAS DOMBAUGH		CARMEN	
Spouse's Last Name (if applicable)		First Name	
Taxpayer's SSN or ITIN		Spouse's SSN or ITIN (if applicable)	
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)