

2025 Payment of Withholding Tax on Certain Colorado Real Property Interest Transfers

Instructions - Only return this form with a check or money order

Use the DR 1079 to remit Colorado tax withheld on transfers of real property interests. The determination of the amount to be withheld, if any, will be made on the DR 1083.

The amount of the withholding tax remitted will be credited to the Colorado income tax account of the transferor, similar to wage withholding. The transferor must claim credit for the payment on the Colorado income tax return. For this reason it is extremely important that a separate DR 1079 is completed for each transferor who will be required to file a Colorado income tax return, and that the correct Social Security number or ITIN (for individuals) or Colorado Account Number or FEIN (for other business entities) is listed on each form.

Send the DR 1079, remittance for the tax withheld and the DR 1083 to the Colorado Department of Revenue, Denver, CO 80261-0006, within 30 days of the date of closing.

Be sure to round your payment to the nearest dollar. The amount on the check and the amount entered on the payment form must be the same.

Write the transferor's Social Security number, ITIN, FEIN, or Colorado Account Number and "2025 DR 1079" on your check or money order.

Do not send cash.

Enclose, but do not staple or attach, your payment with this entire form. File only if you are making a payment.

Mail to and make checks payable to:

Colorado Department of Revenue Denver CO 80261-0006

This address and ZIP code is exclusive to the Colorado Department of Revenue, so a street address is not required.



DR 1079 (07/16/24)

COLORADO DEPARTMENT OF REVENUE

Denver CO 80261-0006

Tax. Colorado.gov

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DR 1079	,							,		
SSN or ITIN			FEIN				Colorado A	Account Number		
Transferor is (c	check one): (0010) Individual	(0020) C	Corporation		(0030) Estate (or Trust	(00	040) Partnership or	· S Corpc	oration
Last Name of	Transferor or Transfe	eror's Business N	lame		First Name					Middle Initial
Spouse's Last	Name (if applicable)	or Fiduciary			First Name					Middle Initial
Address										
City										
State							ZIP			
								Amount	of Paym	ent
the same day rec	onvert your check to a o eived by the State. If co s, the Department of Re	inverted, your chec	k will not be re	eturned. If you	r check is rejecte	ed due to in:	sufficient or	\$		