

India - No scholarship - only wages for TA pay

Also same for non-treaty country

Form CT-1040EZ Connecticut Resident EZ Income Tax Return

FOR DRS
USE ONLY

20

2004
1040EZ

For the year January 1 - December 31, 2004, or other taxable year beginning: _____, 2004 and ending: _____, _____.

Your Social Security Number

My Social Security Number

Spouse's Social Security Number

Filing Status

Single

Married filing jointly or Qualified widow(er) with dependent child

Married filing SEPARATELY. Enter spouse's SSN in box at left and full name here:

Head of household (with qualifying person)

Your First Name

My First Name

MI Last Name

My Last Name

Suffix

Spouse's First Name

MI Last Name

Suffix

Home Address (number and street)

My Street (where I live NOW)

Apartment Number, PO Box, Suite Number

City, Town, or Post Office

My Town

State

CT

ZIP Code

My zip code

Check here if you do not want forms sent to you next year. Checking this box does not relieve you of your responsibility to file.

Clip check or money order here (Do not staple) Do Not Attach W-2, W-2G, or 1099 Forms.

1. Federal adjusted gross income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal Telefile, Line 1)
2. Refunds of state and local income taxes (From federal Form 1040, Line 10. See instructions, Page 8.)
3. **Connecticut Adjusted Gross Income** (Subtract Line 2 from Line 1.)
4. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 8)
5. Credit for property taxes paid on your primary residence and/or motor vehicle (From *Schedule 1EZ*, Line 27, on Page 3. See instructions, Page 8.)
6. Connecticut income tax (Subtract Line 5 from Line 4. If less than zero, enter "0.")
7. Individual Use Tax (From *Schedule 2EZ*, Line 28, on Page 3. See instructions, Page 8.) If no tax is due, enter "0."
8. **Total Tax** (Add Line 6 and Line 7.)

Whole Dollars Only

1.	13	200	00
2.			00
3.	13	200	00
4.			500
5.			00
6.			500
7.			000
8.			500

To Complete Your Return, Continue on Page 2

Make your check or money order payable to:

"Commissioner of Revenue Services"

To ensure proper posting, write your SSN(s) and "2004 Form CT-1040EZ" on your check or money order.

Use envelope provided, with correct mailing label, or mail to:

For **refunds and all other tax forms without payment:**

Department of Revenue Services
PO Box 150420
Hartford CT 06115-0420

For **all tax forms with payment:**

Department of Revenue Services
PO Box 150440
Hartford CT 06115-0440

Taxpayers must sign declaration on reverse - Due date: April 15, 2005 - Attach a copy of all applicable schedules and forms to this return.

WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND, see Page 3.

Schedule 1EZ - PROPERTY TAX CREDIT WORKSHEET

Qualifying Property	Primary Residence	Auto 1	Auto 2 (Married Filing Jointly Only)
Name of Connecticut Tax Town or District	• _____	• _____	• _____
Description of Property If primary residence, enter street address. If motor vehicle, enter year, make, and model.	• _____ • _____	• _____ • _____	• _____ • _____
List or Bill Number (if available)	• _____	• _____	• _____
Date(s) Paid (See instructions, Page 11)	• __ __ / __ __ / 2004	• __ __ / __ __ / 2004	• __ __ / __ __ / 2004
	• __ __ / __ __ / 2004	• __ __ / __ __ / 2004	• __ __ / __ __ / 2004
Amount Paid	19. , . 0 0	20. , . 0 0	21. , . 0 0
22. Total Property Tax Paid (Add Lines 19, 20, and 21.)			22. , . 0 0
23. Maximum property tax credit allowed			• 23. 3 5 0 . 0 0
24. Enter the lesser of Line 22 or Line 23.			• 24. . 0 0
25. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table located on the inside back cover of this booklet. (If zero, enter amount from Line 24 on Line 27.)			• 25. .
26. Multiply Line 24 by Line 25			• 26. . 0 0
27. Subtract Line 26 from Line 24. Enter here and on Line 5.			27. . 0 0

Schedule 2EZ - INDIVIDUAL USE TAX WORKSHEET

Complete this worksheet to calculate your Connecticut Individual Use Tax liability.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G
DATE OF PURCHASE	DESCRIPTION OF GOODS OR SERVICES	RETAILER OR SERVICE PROVIDER	PURCHASE PRICE	CT TAX DUE (.06 X Column D)	TAX, IF ANY, PAID TO ANOTHER JURISDICTION	BALANCE DUE (Column E minus Column F, but not less than zero)
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
• Total of individual purchases under \$300 not listed above						

28. Individual Use Tax (Add all amounts for Column G) Enter here and on **Form CT-1040EZ, Line 7.** • 28. , . 0 0