

PRC Example - No scholarship; only TA pay. Must use CT-1040, not CT-1040EZ

Form CT-1040
Connecticut Resident Income Tax Return

FOR DRS
USE ONLY

20

2004
1040

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

Your Social Security Number

[Social Security Number grid]

Spouse's Social Security Number

My Social Security Number

Filing Status

- Single
- Married filing jointly or Qualified widow(er) with dependent child
- Married filing SEPARATELY. Enter spouse's SSN at left and full name here: _____
- Head of household (with qualifying person)

Your First Name MI Last Name Suffix

My First Name MI Last Name Suffix

Spouse's First Name MI Last Name Suffix

[Spouse's Name grid]

Home Address (number and street)

My street (where I live NOW)

Apartment Number, PO Box, Suite Number

[Apartment/PO Box grid]

City, Town, or Post Office

State

ZIP Code

My town CT 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.
- Check here if you are required to file Form CT-2210 and checked any boxes on Part 1 of that form.

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 I)
2. Additions to federal adjusted gross income (from Schedule 1, Line 39)
3. Add Line 1 and Line 2.
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)
5. **Connecticut Adjusted Gross Income** (Subtract Line 4 from Line 3.)
6. Income Tax (from Tax Tables or Tax Calculation Schedule, see instructions, Page 15)
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)
8. Subtract Line 7 from Line 6 (If Line 7 is greater than Line 6, enter "0.")
9. Connecticut Alternative Minimum Tax (from Form CT-6251)
10. Add Line 8 and Line 9.
11. Credit for property taxes paid on your primary residence and/or motor vehicle (from Schedule 3, Line 68)
12. Subtract Line 11 from Line 10 (If less than zero, enter "0.")
13. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)
14. **Connecticut Income Tax** (Subtract Line 13 from Line 12.) If less than zero, enter "0."
15. Individual Use Tax (from Schedule 4, Line 69) If no tax is due, enter "0."
16. **Total Tax** (Add Line 14 and Line 15.)

		Whole Dollars Only		
1.			8 200	00
2.			5 000	00
3.			13 200	00
4.				00
5.			13 200	00
6.			5	00
7.				00
8.			5	00
9.				00
10.			5	00
11.				00
12.			5	00
13.				00
14.			5	00
15.			0	00
16.			5	00

Taxpayers must sign declaration on reverse side.

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 4 of booklet.

17. **Total Tax** (enter amount from Line 16, on front of this return) 17. **.00**

	COLUMN A Employer Identification Number	COLUMN B Connecticut Wages, Tips, etc.	COLUMN C Connecticut Income Tax Withheld
18a. W-2, W-2G, and 1099 Identification Information (only enter information from your W-2, W-2G, and 1099 forms if Connecticut income tax was withheld).	get number from W-2	13,200 .00	100 .00
18b.		.00	.00
18c.		.00	.00
18d.		.00	.00
18e.		.00	.00
18f.		.00	.00
18g.		.00	.00
18h. Enter additional CT withholding from <i>Schedule CT-1040WH</i> , Line 3			.00

18. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here) 18. **100 .00**

19. All 2004 estimated tax payments and any overpayments applied from a prior year 19. **.00**

20. Payments made with Form CT-1040 EXT (Request for extension of time to file) 20. **.00**

21. **Total Payments** (Add Lines 18, 19, and 20) 21. **100 .00**

22. **Overpayment** (If Line 21 is more than Line 17, subtract Line 17 from Line 21.) 22. **95 .00**

23. Amount of Line 22 you want **applied to your 2005 estimated tax** 23. **.00**

Contributions

24a. AIDS Research **.00** 24b. Organ Transplant **.00**

24c. Endangered Species/Wildlife **.00** 24d. Breast Cancer Research **.00** 24e. Safety Net Services **.00**

24. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 24a - 24e) 24. **.00**

25. **Refund** (Subtract Lines 23 and 24 from Line 22) For faster refund, choose Direct Deposit and complete Lines 25a, 25b, and 25c. 25. **95 .00**

25a. Type of Account: Checking Savings 25b. Routing Number

25c. Account Number

26. **Tax Due** (If Line 17 is more than Line 21, subtract Line 21 from Line 17) 26. **.00**

27. If Late: Enter Penalty (Multiply Line 26 by 10% (.10)) 27. **.00**

28. If Late: Enter Interest (Multiply Line 26 by number of months late or fraction thereof, then by 1% (.01)) 28. **.00**

29. Interest on underpayment of estimated tax (from Form CT-2210, see instructions, Page 17) 29. **.00**

30. **Total Amount Due** (Add Lines 26 through 29) 30. **.00**

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here Keep a copy for your records.

Your Signature Date Daytime Telephone Number

Spouse's Signature (if joint return) Date Daytime Telephone Number

Paid Preparer's Signature Date Telephone Number Preparer's SSN or PTIN

Firm's Name, Address, and ZIP Code FEIN

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name Telephone Number Personal Identification Number (PIN)

Schedule 3 - 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 26)	• _ _ / _ _ / 2004 • _ _ / _ _ / 2004	• _ _ / _ _ / 2004 • _ _ / _ _ / 2004	• _ _ / _ _ / 2004 • _ _ / _ _ / 2004
Amount Paid	60. , , .00	61. , , .00	62. , , .00
63. Total Property Tax Paid (Add Lines 60, 61, and 62.)			63. , , .00
64. Maximum property tax credit allowed			• 64. 350.00
65. Enter the lesser of Line 63 or Line 64.			• 65. .00
66. Enter the decimal amount for your filing status and Connecticut AGI from the Property Tax Credit Table exactly as it appears on Page 27. (If zero, enter amount from Line 65 on Line 68.)			• 66. .
67. Multiply Line 65 by Line 66			• 67. .00
68. Subtract Line 67 from Line 65. Enter here and on Line 11.			68. .00

Schedule 4 - 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						

69. **Individual Use Tax** (Add all amounts for Column G.) Enter here and on Form CT-1040, Line 15. • 69. , , .00

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 2976 Hartford CT 06104-2976	For all tax forms with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977

Make your check or money order payable to: **“Commissioner of Revenue Services”**
 To ensure proper posting, write your SSN(s) and “2004 Form CT-1040” on your check or money order.