

**Form CT-1040EZ**  
 Connecticut Resident EZ Income Tax Return

FOR DRS  
 USE ONLY

20

**2005**  
**CT-1040EZ**

Complete return in  
 blue or black ink only.

Taxpayers must sign  
 declaration on reverse side.

For the year January 1 - December 31, 2005, or other taxable year beginning: \_\_\_\_\_, 2005 and ending: \_\_\_\_\_, \_\_\_\_\_.

**1 Filing Status**

Single     Married filing jointly or qualified widow(er) with dependent child     Married filing separately     Head of household

(Enter spouse full name here only and SSN below.)

Your Social Security Number # - # - #    Check if deceased     Spouse Social Security Number - -    Check if deceased

Your First Name First Name MI Last Name (If two last names, insert a space between names.) Last Name Suffix (Jr./Sr.)

Spouse's First Name MI Last Name (If two last names, insert a space between names.) Suffix (Jr./Sr.)

Mailing Address (number and street, apartment number, suite number, PO Box)  
 Street address

City, Town, or Post Office (If town is two words, leave a space between the words.) State ZIP Code  
 Town CT ### -

PLACE LABEL HERE  
 OR PRINT

Check here if you do not want forms sent to you next year. (This **does not** relieve you of your responsibility to file.)     **Form CT-8379** Check here if you are filing Form CT-8379 and attach the form to the front of the return.

**2**

**Whole Dollars Only**

1. Federal adjusted gross income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)    1    3    2    0    0    0    0

2. Refunds of state and local income taxes (From federal Form 1040, Line 10; See instructions, Page 10.)    0    0

3. **Connecticut Adjusted Gross Income** (Subtract Line 2 from Line 1.)    1    3    2    0    0    0    0

4. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 10.)    5    0    0

5. Credit for property taxes paid on your primary residence, motor vehicle, or both (From *Schedule 1EZ*, Line 27, on Page 3; See instructions, Page 10.)    0    0    0

6. Connecticut income tax (Subtract Line 5 from Line 4. If less than zero, enter "0.")    5    0    0

7. Individual Use Tax (From *Schedule 2EZ*, Line 28, on Page 3; See instructions, Page 10.) If no tax is due, enter "0."    0    0    0

8. Add Line 6 and Line 7.    5    0    0

Clip check or money order here. (Do not staple.)  
 Do NOT send W-2, W-2G, or 1099 forms.

**To complete your return, continue on Page 2, Form CT-1040EZ.**

Make your check or money order payable to: <b>Commissioner of Revenue Services</b> To ensure proper posting, write your SSN(s) (optional) and "2005 Form CT-1040EZ" on your check or money order.	Use envelope provided, with correct mailing label, or mail to: <b>For refunds and all other tax forms without payment:</b> Department of Revenue Services PO Box 150420 Hartford CT 06115-0420	<b>For all tax forms with payment:</b> Department of Revenue Services PO Box 150440 Hartford CT 06115-0440
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**Due date: April 15, 2006 - Attach a copy of all applicable schedules and forms to this return.**

**WEBFILE OR E-FILE YOUR RETURN FOR FASTER REFUND; see Page 3 of this booklet.**



**Schedule 1EZ - Property Tax Credit Worksheet**

Qualifying Property	Primary Residence	Auto 1	Auto 2 (Married Filing Jointly Only)
<b>Name of Connecticut Tax Town or District</b>	• _____	• _____	• _____
<b>Description of Property</b> If primary residence, enter street address. If motor vehicle, enter year, make, and model.	• _____ • _____	• _____ • _____	• _____ • _____
<b>Date(s) Paid</b> (See instructions, Page 13.)	• _____ / _____ / <b>2005</b> • _____ / _____ / <b>2005</b>	• _____ / _____ / <b>2005</b> • _____ / _____ / <b>2005</b>	• _____ / _____ / <b>2005</b> • _____ / _____ / <b>2005</b>
<b>Amount Paid</b>	19. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	20. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	21. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>
22. Total Property Tax Paid (Add Lines 19, 20, and 21.)			22. <input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>
23. Maximum Property Tax Credit Allowed			• 23. <b>350. 00</b>
24. Enter the lesser of Line 22 or Line 23.			• 24. <input type="text"/> . <b>00</b>
25. Enter the <b>decimal amount</b> 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. <input type="text"/> . <input type="text"/>
26. Multiply Line 24 by Line 25.			• 26. <input type="text"/> . <b>00</b>
27. Subtract Line 26 from Line 24. Enter here and on Line 5.			27. <input type="text"/> . <b>00</b>

**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)
•						
•						
•						
•						
•						
<b>Total of individual purchases under \$300 not listed above</b>						

28. **Individual Use Tax** (Add all amounts for Column G.) Enter here and on Line 7. • 28.  ,  ,  . **00**

**Schedule 3EZ - Contribution Worksheet**

29a. AIDS Research	29a.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29b. Organ Transplant	29b.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29c. Endangered Species/Wildlife	29c.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29d. Breast Cancer Research	29d.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29e. Safety Net Services	29e.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29f. Military Family Relief Fund	29f.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	
29. Total Contributions (Add Lines 29a through 29f; enter amount here and on Line 16.)	• 29.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <b>00</b>	

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

<p><b>For refunds and all other tax forms without payment:</b>                      Department of Revenue Services                      PO Box 150420                      Hartford CT 06115-0420</p>	<p><b>For all tax forms with payment:</b>                      Department of Revenue Services                      PO Box 150440                      Hartford CT 06115-0440</p>
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