

Form CT-1040
Connecticut Resident Income Tax Return

FOR DRS
USE ONLY

20

2005
CT-1040

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: LAST NAME Suffix: (Jr./Sr.)

Spouse's First Name: MI: Last Name: Suffix: (Jr./Sr.)

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

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

Check here if you do not want forms sent to you next year. (This does not relieve you of your responsibility to file.) Check here if you filed Form CT-2210 and checked any boxes on Part 1. • Form CT-8379 • Schedule CT-1040CRC Check here if you are filing the following and attach the form to the front of the return.

	Whole Dollars Only					
1. Federal adjusted gross income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.			8	2	75.00
2. Additions to federal adjusted gross income (From Schedule 1, Line 39)	2.		1	5	00	00
3. Add Line 1 and Line 2.	3.		2	3	275	00
4. Subtractions from federal adjusted gross income (From Schedule 1, Line 50)	4.		1	5	75	00
5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3.)	5.		2	1	700	00
6. Income Tax (From Tax Tables or Tax Calculation Schedule. See instructions, Page 15.)	6.			2	05	00
7. Credit for income taxes paid to qualifying jurisdictions (From Schedule 2, Line 59)	7.					00
8. Subtract Line 7 from Line 6. (If Line 7 is greater than Line 6, enter "0.")	8.			2	05	00
9. Connecticut Alternative Minimum Tax (From Form CT-6251)	9.					00
10. Add Line 8 and Line 9.	10.			2	05	00
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (From Schedule 3, Line 68)	11.					00
12. Subtract Line 11 from Line 10. (If less than zero, enter "0.")	12.			2	05	00
13. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)	13.					00
14. Connecticut Income Tax (Subtract Line 13 from Line 12. If less than zero, enter "0.")	14.			2	05	00
15. Individual Use Tax (From Schedule 4, Line 69. If no tax is due, enter "0.")	15.				0	00
16. Add Line 14 and Line 15.	16.			2	05	00

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

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 4 of booklet.

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.	•	•	•
Date(s) Paid (See instructions, Page 26.)	• __ / __ / 2005 • __ / __ / 2005	• __ / __ / 2005 • __ / __ / 2005	• __ / __ / 2005 • __ / __ / 2005
Amount Paid	60. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	61. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00	62. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
63. Total Property Tax Paid (Add Lines 60, 61, and 62.)			63. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
64. Maximum Property Tax Credit Allowed			64. • 3 5 0 . 00
65. Enter the lesser of Line 63 or Line 64.			65. • <input type="text"/> . 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. • <input type="text"/> . <input type="text"/>
67. Multiply Line 65 by Line 66.			67. • <input type="text"/> . 00
68. Subtract Line 67 from Line 65. Enter here and on Line 11.			68. <input type="text"/> . 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 Line 15. • 69. . 00

Schedule 5 - Contribution Worksheet

70a. AIDS Research	70a. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70b. Organ Transplant	70b. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70c. Endangered Species/Wildlife	70c. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70d. Breast Cancer Research	70d. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70e. Safety Net Services	70e. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70f. Military Family Relief Fund	70f. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00
70. Total Contributions (Add Lines 70a through 70f; enter amount here and on Line 24.)	• 70. <input type="text"/> . 00

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

<p>For refunds and all other tax forms without payment: Department of Revenue Services PO Box 2976 Hartford CT 06104-2976</p>	<p>For all tax forms with payment: Department of Revenue Services PO Box 2977 Hartford CT 06104-2977</p>
---	--

Make your check or money order payable to: **Commissioner of Revenue Services**

To ensure proper posting, write your SSN(s) (optional) and "2005 Form CT-1040" on your check or money order.