

\$10,000 scholarship and \$15,000 wages

Form CT-1040EZ Connecticut Resident EZ Income Tax Return

FOR DRS USE ONLY

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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:

Filing Status: Single (checked), Married filing jointly, Married filing separately, Head of household. Includes spouse name and SSN field.

Personal information fields: Social Security Numbers, First and Last Names, MI, Spouse's information, Mailing Address, City, Town, or Post Office, State (CT), ZIP Code.

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 (21775.00). 2. Refunds of state and local income taxes (75.00). 3. Connecticut Adjusted Gross Income (21700.00). 4. Income Tax (205.00). 5. Credit for property taxes (0.00). 6. Connecticut income tax (205.00). 7. Individual Use Tax (0.00). 8. Add Line 6 and Line 7 (205.00).

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.

Table with 3 columns: Make your check or money order payable to: Commissioner of Revenue Services; Use envelope provided, with correct mailing label, or mail to: For refunds and all other tax forms without payment; For all tax forms with payment.

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) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 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 13.) | • __ / __ / 2005 • __ / __ / 2005 | • __ / __ / 2005 • __ / __ / 2005 | • __ / __ / 2005 • __ / __ / 2005 |
| Amount Paid | 19. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | 20. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 | 21. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 22. Total Property Tax Paid (Add Lines 19, 20, and 21.) | | | 22. <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 23. Maximum Property Tax Credit Allowed | | | • 23. 350. 00 |
| 24. Enter the lesser of Line 22 or Line 23. | | | • 24. <input type="text"/> . 00 |
| 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. <input type="text"/> . <input type="text"/> |
| 26. Multiply Line 24 by Line 25. | | | • 26. <input type="text"/> . 00 |
| 27. Subtract Line 26 from Line 24. Enter here and on Line 5. | | | 27. <input type="text"/> . 00 |

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 Line 7. • 28. , , . 00

Schedule 3EZ - Contribution Worksheet

| | | |
|----------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------|
| 29a. AIDS Research | 29a. | <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 29b. Organ Transplant | 29b. | <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 29c. Endangered Species/Wildlife | 29c. | <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 29d. Breast Cancer Research | 29d. | <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 29e. Safety Net Services | 29e. | <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 29f. Military Family Relief Fund | 29f. | <input type="text"/> , <input type="text"/> , <input type="text"/> . 00 |
| 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"/> . 00 |

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

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>For refunds and all other tax forms without payment: Department of Revenue Services PO Box 150420 Hartford CT 06115-0420</p> | <p>For all tax forms with payment: Department of Revenue Services PO Box 150440 Hartford CT 06115-0440</p> |
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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-1040EZ" on your check or money order.