



For DRS Use Only
 (MMDDYYYY)

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Taxpayers must sign declaration on reverse side. Complete return in blue or black ink only.

For January 1 - December 31, 2015,
 or other taxable year Year Beginning

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(MMDDYYYY) and Ending

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(MMDDYYYY).

1 Filing Status - Check only one box.

- Single
 Head of household
 Married filing separately
 Married filing jointly
 Qualifying widow(er) with dependent child
- Enter spouse's name here and SSN below.

Your Social Security Number

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Check if deceased

Spouse's Social Security Number

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Check if deceased

Your first name

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MI

Last name (If two last names, insert a space between names.)

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Suffix (Jr./Sr.)

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If joint return, spouse's first name

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MI

Last name (If two last names, insert a space between names.)

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Suffix (Jr./Sr.)

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

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City, town, or post office (If town is two words, leave a space between the words.)

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State

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ZIP code

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2015 Resident Status

Nonresident

Enter city or town of residence if different from above.

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ZIP code

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Part-Year Resident

Check if you filed **Form CT-2210** and checked any boxes on Part 1.

Check here if you are filing **Form CT-8379:** Attach to the front of the return.

Check here if you are filing **Form CT-1040CRC:** Attach to the back of the return.

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1. Federal adjusted gross income from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4
2. Additions to federal adjusted gross income from Schedule 1, Line 40
3. Add Line 1 and Line 2.
4. Subtractions from federal adjusted gross income from Schedule 1, Line 52
5. **Connecticut adjusted gross income:** Subtract Line 4 from Line 3.
6. Income from Connecticut sources from Schedule CT-SI, Line 30
7. **Enter the greater of Line 5 or Line 6.** If zero or less, go to Line 12 and enter "0."
8. Income tax on the amount on Line 7 from tax tables or Tax Calculation Schedule: See instructions, Page 16.
9. Divide Line 6 by Line 5. If Line 6 is equal to or greater than Line 5, enter 1.0000.
10. Multiply Line 9 by Line 8.
11. Credit for income taxes paid to qualifying jurisdictions during resident portion of taxable year — **part-year residents only** (from Schedule 2, Line 61)
12. Subtract Line 11 from Line 10. If Line 11 is greater than Line 10, enter "0."
13. Connecticut alternative minimum tax from Form CT-6251
14. Add Line 12 and Line 13.
15. Total allowable credits from Schedule CT-IT Credit, Part I, Line 11
16. **Connecticut income tax:** Subtract Line 15 from Line 14. If less than zero, enter "0."
17. Individual use tax from Schedule 3, Line 62: If no tax is due, enter "0."
18. Add Line 16 and Line 17.

Whole Dollars Only

1.		.00
2.		.00
3.		.00
4.		.00
5.		.00
6.		.00
7.		.00
8.		.00
9.		.00
10.		.00
11.		.00
12.		.00
13.		.00
14.		.00
15.		.00
16.		.00
17.		.00
18.		.00

Due date: April 15, 2016 - Attach a copy of all applicable schedules and forms to this return.

For a faster refund, file your return electronically at www.ct.gov/DRS/TSC and choose direct deposit.



Your Social Security Number ●

19. Enter amount from Line 18.

19. .00

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W-2 and 1099 Information
Only enter information from your W-2, Schedule CT K-1, and 1099 forms if Connecticut income tax was withheld.

Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Schedule CT K-1 or 1099	Column B - Connecticut wages, tips, etc.	Schedule CT K-1	Column C - Connecticut income tax withheld Check box at left if from Schedule CT K-1.
20a.	● <input type="text"/>	.00 ● <input type="checkbox"/>	20a. <input type="text"/> .00
20b.	● <input type="text"/>	.00 ● <input type="checkbox"/>	20b. <input type="text"/> .00
20c.	● <input type="text"/>	.00 ● <input type="checkbox"/>	20c. <input type="text"/> .00
20d.	● <input type="text"/>	.00 ● <input type="checkbox"/>	20d. <input type="text"/> .00
20e.	● <input type="text"/>	.00 ● <input type="checkbox"/>	20e. <input type="text"/> .00

20f. Additional CT withholding from *Supplemental Schedule CT-1040WH*

20f. .00

20. Total Connecticut income tax withheld: Add amounts in Column C and enter here. You **must complete Columns A, B, and C** or your withholding will be disallowed.

20. .00

21. All 2015 estimated tax payments and any overpayments applied from a prior year

21. .00

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

22. .00

22a. Claim of right credit: From Form CT-1040CRC, Line 6. Attach Form CT-1040CRC to the back of this return.

22a. .00

23. **Total payments:** Add Lines 20, 21, 22, and 22a.

23. .00

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24. Overpayment: If Line 23 is more than Line 19, subtract Line 19 from Line 23.

24. .00

25. Amount of Line 24 overpayment you want **applied to your 2016 estimated tax**

25. .00

26. CHET contribution from Schedule CT-CHET, Line 4. Attach Schedule CT-CHET to the back of this return.

26. .00

26a. Total contributions of refund to designated charities from *Schedule 4*, Line 63

26a. .00

27. **Refund:** Subtract Lines 25, 26, and 26a from Line 24. For direct deposit, complete Lines 27a, 27b, and 27c. Direct deposit is not available to first-time filers.

27. .00

27a. Checking Savings 27c. Account number

27b. Routing number 27d. Will this refund go to a bank account outside the U.S.? Yes

If you do not elect direct deposit, a refund check will be issued and processing may be delayed.

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28. **Tax due:** If Line 19 is more than Line 23, subtract Line 23 from Line 19.

28. .00

29. If late: Enter penalty. Multiply Line 28 by 10% (.10).

29. .00

30. If late: Enter interest. Multiply Line 28 by number of months or fraction of a month late, then by 1% (.01).

30. .00

31. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 18.

31. .00

32. **Total amount due:** Add Lines 28 through 31.

32. .00

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Declaration: 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 or document 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	Your signature	Date (MMDDYYYY)	Home/cell telephone number
	Your email address	<input type="text"/>	<input type="text"/>
Keep a copy of this return for your records.	Spouse's signature (if joint return)	Date (MMDDYYYY)	Daytime telephone number
	Paid preparer's signature	Date (MMDDYYYY)	Telephone number
	Preparer's SSN or PTIN		Firm's Federal Employer Identification Number (FEIN)
	Firm's name, address, and ZIP code	<input type="text"/>	

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

Designee's name Telephone number Personal identification number (PIN)

Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.



Your Social Security Number •

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Schedule 1 - Modifications to Federal Adjusted Gross Income

See instructions, Page 20.

Enter all items as positive numbers.

33. Interest on state and local government obligations other than Connecticut	33.		.00
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.		.00
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.		.00
36. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	36.		.00
37. Loss on sale of Connecticut state and local government bonds	37.		.00
38. Domestic production activity deduction from federal Form 1040, Line 35	38.		.00
39. Other - specify •	39.		.00
40. Total additions: Add Lines 33 through 39. Enter here and on Line 2.	40.		.00
41. Interest on U.S. government obligations	41.		.00
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.		.00
43. Social Security benefit adjustment: See <i>Social Security Benefit Adjustment Worksheet</i> , Page 22.	43.		.00
44. Refunds of state and local income taxes	44.		.00
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.		.00
46. Military retirement pay	46.		.00
47. 10% of income received from the Connecticut teacher's retirement system	47.		.00
48. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	48.		.00
49. Gain on sale of Connecticut state and local government bonds	49.		.00
50. Connecticut Higher Education Trust (CHET) contributions Enter CHET account number: Do not add spaces or dashes.	50.		.00
51. Other - specify: Do not include out of state income. •	51.		.00
52. Total subtractions: Add Lines 41 through 51. Enter here and on Line 4.	52.		.00

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions - Part-Year Residents Only

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed. See instructions.

53. Connecticut adjusted gross income during the residency portion of taxable year.	53.		.00	
See instructions, Page 26.				
	Column A		Column B	
	• Name	Code	• Name	Code
54. Enter qualifying jurisdiction's name and two-letter code.	54.			
See instructions, Page 26.				
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return: Complete <i>Schedule 2 Worksheet</i> , Page 25. .	55.		.00	
56. Divide Line 55 by Line 53. May not exceed 1.0000.	56.			
57. Apportioned income tax: See instructions, Page 26.	57.		.00	
58. Multiply Line 56 by Line 57.	58.		.00	
59. Income tax paid to a qualifying jurisdiction. See instructions, Page 26. ...	59.		.00	
60. Enter the lesser of Line 58 or Line 59.	60.		.00	
61. Total credit: Add Line 60, all columns. Enter here and on Line 11.	61.			.00



Your Social Security Number •

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Failure to report and pay use tax is subject to as much as a \$5,000 fine, imprisonment for as much as 5 years, or both.

Schedule 3 - Individual Use Tax

Do you owe use tax for online or other purchases where you paid no sales tax? See instructions, Page 36.
 Complete the *Connecticut Individual Use Tax Worksheet* on Page 37 to calculate your use tax liability.

62a. Total use tax due at 1%: From <i>Connecticut Individual Use Tax Worksheet, Section A, Column 7</i>	62a.	<input type="text"/>	.00
62b. Total use tax due at 6.35%: From <i>Connecticut Individual Use Tax Worksheet, Section B, Column 7</i>	62b.	<input type="text"/>	.00
62c. Total use tax due at 7.75%: From <i>Connecticut Individual Use Tax Worksheet, Section C, Column 7</i>	62c.	<input type="text"/>	.00
62. Individual use tax: Add Lines 62a through 62c. If no use tax is due, you must enter "0." Enter here and on Line 17.	62.	<input type="text"/>	.00

Schedule 4 - Contributions to Designated Charities - See more information on Page 55.

63a. AIDS Research	63a.	<input type="text"/>	.00
63b. Organ Transplant	63b.	<input type="text"/>	.00
63c. Endangered Species/Wildlife	63c.	<input type="text"/>	.00
63d. Breast Cancer Research	63d.	<input type="text"/>	.00
63e. Safety Net Services	63e.	<input type="text"/>	.00
63f. Military Relief	63f.	<input type="text"/>	.00
63g. CHET Baby Scholar	63g.	<input type="text"/>	.00
63. Total Contributions: Add Lines 63a through 63g. Enter amount here and on Line 26a.	63.	<input type="text"/>	.00

Complete and send all four pages of the return to DRS.

Use the correct mailing address for returns with a payment or requesting a refund.	
For all tax forms with payment: Department of Revenue Services PO Box 2969 Hartford CT 06104-2969	For refunds and all other tax forms without payment: Department of Revenue Services PO Box 2968 Hartford CT 06104-2968

Make your check payable to: **Commissioner of Revenue Services**
 To ensure proper posting, write your SSN(s) (optional) and "2015 Form CT-1040NR/PY" on your check.