

# Form CT-1040NR/PY

## CONNECTICUT NONRESIDENT OR PART-YEAR RESIDENT INCOME TAX RETURN

**1998**  
**NR/PY**

Check here for 1998 resident status:  Nonresident  Part-Year Resident

For the year January 1 - December 31, 1998, or other taxable year beginning \_\_\_\_\_, 1998, ending \_\_\_\_\_, 19\_\_\_\_\_.

<b>Label</b> Use the DRS label located on the inside of this booklet.  Otherwise, please print or type. (See instructions)	<b>L A B E L  H E R E</b>	Your First Name and Middle Initial _____ Last Name _____	Your Social Security Number _____
		If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial _____ Last Name _____	Your Spouse's Social Security Number _____
		Home Address _____ Number and Street _____	<b>DEPARTMENT USE ONLY</b>
		City, Town or Post Office _____ State _____ ZIP Code _____	Your Telephone Number ( ) _____

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 \_\_\_\_\_

If you are required to file Form CT-2210 and checked any boxes on Part 1 of that form, check here \_\_\_\_\_

<b>Filing Status</b> Check only one box.	<input type="checkbox"/> A. <input type="checkbox"/> Single	
	<input type="checkbox"/> B. <input type="checkbox"/> Married filing joint return or Qualifying widow(er) with dependent child	
	<input type="checkbox"/> C. <input type="checkbox"/> Married filing <i>SEPARATE</i> return _____	_____
	<input type="checkbox"/> D. <input type="checkbox"/> Head of household (with qualifying person) <i>Spouse's full name</i> _____	<i>Spouse's Social Security Number</i> _____

<b>Income and Tax</b>	1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 18; Form 1040EZ, Line 4; or TeleFile Tax Record, Line H)	▶	1	
	2. Additions, if any (from Schedule 1, Line 39 on reverse)	▶	2	
	3. Add Line 1 and Line 2	▶	3	
	4. Subtractions, if any (from Schedule 1, Line 49 on reverse)	▶	4	
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	▶	5	
	6. Income from Connecticut sources (from Schedule CT-SI, Line 26)	▶	6	
	7. Enter the greater of Line 5 or Line 6 (If zero or less, go to Line 12 and enter 0)	▶	7	
	8. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions)	▶	8	
	9. Divide Line 6 by Line 5 (If Line 6 is equal to or greater than Line 5, enter 1.0000)	▶	9	.
	10. Multiply Line 9 by Line 8	▶	10	
	11. Credit for income taxes paid to other jurisdictions by part-year residents only (from Schedule 2)	▶	11	
	12. Subtract Line 11 from Line 10 (If Line 11 is greater than Line 10, enter 0)	▶	12	
	13. Connecticut Alternative Minimum Tax (from Form CT-6251)	▶	13	
	14. Add Line 12 and Line 13	▶	14	
	15. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	▶	15	
	16. Connecticut Income Tax (Subtract line 15 from Line 14. If less than zero, enter 0.)	▶	16	
	17. <b>Individual Use Tax</b> You must enter a zero on this line if no use tax is due; otherwise you will not be considered to have filed a use tax return. (See instructions)	▶	17	
	18. Total Tax (Add Line 16 and Line 17)	▶	18	

<b>Payments</b>	19. Connecticut tax withheld ( <b>Attach all W-2s and certain 1099s; see instructions</b> )	▶	19	
	20. All 1998 estimated tax payments and any overpayments applied from a prior year	▶	20	
	21. Payments made with extension request (Form CT-1040 EXT)	▶	21	
	22. Total payments (Add Lines 19, 20 and 21)	▶	22	

<b>Refund, Amount You Owe or Contribution</b>	23. <b>If Line 22 is greater than Line 18, enter amount overpaid.</b> (Subtract Line 18 from Line 22)	▶	23	
	24. Amount of Line 23 you want <b>applied to your 1999 estimated tax</b>	▶	24	
	25. Amount of Line 23 you want to contribute to: (See instructions for details of funds)			
	AIDS Research <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	Organ Transplant <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	Endangered Species/Wildlife <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	Breast Cancer Research <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	Safety Net Services <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$15 <input type="checkbox"/> other _____ .00			
	<b>TOTAL CONTRIBUTIONS</b>	▶	25	00
	26. Amount of Line 23 you want <b>refunded</b> to you (Subtract Line 24 and Line 25 from Line 23)	▶	26	
27. <b>If Line 18 is greater than Line 22, enter the amount of tax you owe.</b> (Subtract Line 22 from Line 18)	▶	27		
28. If late: Enter Penalty (See instructions)	▶	28		
29. If late: Enter Interest (1% (.01) x number of months late or fraction thereof x amount on Line 27)	▶	29		
30. Interest on underpayment of estimated tax (from Form CT-2210; see instructions)	▶	30		
31. <b>Amount you owe</b> with this return (Add Lines 27 through 30) <b>AMOUNT YOU OWE</b>	▶	31		

**SEE PAYMENT AND MAILING INSTRUCTIONS ON REVERSE  
TAXPAYERS MUST SIGN DECLARATION ON REVERSE**

STAPLE W-2s, W-2Gs and 1099s HERE

CLIP CHECK OR MONEY ORDER HERE (DO NOT STAPLE)

**SCHEDULE 1 - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (SEE INSTRUCTIONS)**

**Additions To Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers**

32. Interest on state and local government obligations other than Connecticut	▶	32		
33. Exempt-interest dividends from a mutual fund derived from state or municipal government obligations other than Connecticut	▶	33		
34. Shareholder's pro rata share of S corporation nonseparately computed loss (See instructions)	▶	34		
35. Taxable amount of lump sum distributions from qualified plans not included in federal adjusted gross income	▶	35		
36. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	▶	36		
37. Loss on sale of Connecticut state and local government bonds	▶	37		
38. Other- specify (See instructions)	▶	38		
39. Total additions (Add Lines 32 through 38) Enter here and on Line 2 on the front of this form.	▶	39		

**Subtractions From Federal Adjusted Gross Income - Enter All Amounts as Positive Numbers**

40. Interest on United States government obligations	▶	40		
41. Exempt dividends from certain qualifying mutual funds derived from United States government obligations	▶	41		
42. Social security benefit adjustment (See instructions)	▶	42		
43. Refunds of state and local income taxes	▶	43		
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	▶	44		
45. Shareholder's pro rata share of S corporation nonseparately computed income (See instructions)	▶	45		
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	▶	46		
47. Gain on sale of Connecticut state and local government bonds	▶	47		
48. Other- specify (Do not include out-of-state income; see instructions)	▶	48		
49. Total subtractions (Add Lines 40 through 48) Enter here and on Line 4 on the front of this form.	▶	49		

**SCHEDULE 2 - CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS (FOR PART-YEAR RESIDENTS ONLY)**

**IMPORTANT: You must attach a copy of your return filed with the other jurisdictions or the credit will be disallowed.**

50. Connecticut AGI during the residency portion of the taxable year only (See instructions)	▶	50		
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**FOR EACH COLUMN, ENTER THE FOLLOWING:**

	COLUMN A		COLUMN B	
	Name	Code	Name	Code
51. Enter other jurisdiction's name and two-letter code (See instructions)	▶	51		
52. Non-Connecticut income included on Line 50 and reported on another jurisdiction's income tax return (from Schedule 2 Worksheet)	▶	52		
53. Divide Line 52 by Line 50 (may not exceed 1.0000)	▶	53		
54. Apportioned income tax (See instructions)	▶	54		
55. Multiply Line 53 by Line 54	▶	55		
56. Income tax paid to another jurisdiction	▶	56		
57. Enter the lesser of Line 55 or Line 56	▶	57		
58. <b>TOTAL CREDIT</b> (Add Line 57, all columns) Enter this amount here and on Line 11 on the front of this form.	▶	58		

**TAXPAYERS MUST SIGN DECLARATION BELOW**

**DUE DATE: April 15, 1999**

Make your check or money order payable to: **COMMISSIONER OF REVENUE SERVICES**, and write your Social Security Number(s) and "1998 Form CT-1040NR/PY" on your check or money order.

Attach a copy of all applicable schedules and forms to this return. Mail in the envelope provided (with the correct label affixed).

For **refund request** or **no tax due**, mail to: **DRS PO Box 2968 Hartford, CT 06104-2968**

For **payment**, mail to: **DRS PO Box 2969 Hartford, CT 06104-2969**

**DECLARATION:**

I declare under the penalties of false statement 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records	Your Signature	Date	Spouse's Signature (If joint return)	Date
	Paid Preparer's Signature			Date
	Firm Name and Address			Federal Employer ID Number