

FORM CT-1040NR/PY

Connecticut Nonresident or Part-Year Resident Income Tax Return

Check here for 2000 resident status: Nonresident Part-Year Resident

For the year January 1 - December 31, 2000, or other taxable year beginning _____, 2000, ending _____.

Label Use the DRS label located on cover. Otherwise, print or type. (See instructions, Page 14)	L A B E L H E R E	Your First Name and Middle Initial _____ Last Name _____		Social Security Number ____-____-____ ____-____-____ IMPORTANT! You MUST enter your SSN(s) above.	
		If a <i>JOINT</i> Return, Spouse's First Name and Middle Initial _____ Last Name _____			Spouse's Social Security Number ____-____-____ ____-____-____
		Home Address (number and street) _____ PO Box _____ Apt. No. _____			DEPARTMENT USE ONLY
		City, Town or Post Office _____ State _____ ZIP Code _____			

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

Filing Status 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 _____	_____ <i>Spouse's full name</i>	_____ <i>Spouse's Social Security Number</i>
	<input type="checkbox"/> D. <input type="checkbox"/> Head of household (with qualifying person)		

Income	1. Federal Adjusted Gross Income (from federal Form 1040, Line 33; Form 1040A, Line 19; Form 1040EZ, Line 4; or federal TeleFile Tax Record, Line I)	▶	1		
	2. Additions, if any (from <i>Schedule 1</i> , Line 39, on reverse)	▶	2		
	3. Add Line 1 and Line 2	▶	3		
	4. Subtractions, if any (from <i>Schedule 1</i> , Line 49, on reverse)	▶	4		
	5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	▶	5		
	6. Income from Connecticut sources (from <i>Schedule CT-SI</i> , 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		
Tax	8. Income Tax: From Tax Tables or Tax Calculation Schedule (See instructions, Page 15)	▶	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 qualifying jurisdictions by part-year residents only (from <i>Schedule 2</i>)	▶	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. Individual Use Tax. (Complete the <i>Individual Use Tax Worksheet.</i>) You must enter zero on this line if no use tax is due. (See instructions, Page 16)	▶	17		
	18. Total Tax (Add Line 16 and Line 17)	▶	18		
Payments	19. Connecticut tax withheld (Attach all W-2s and certain 1099s; see instructions, Page 16)	▶	19		
	20. All 2000 estimated tax payments and any overpayments applied from a prior year	▶	20		
	21. Payments made with Form CT-1040 EXT (request for extension of time to file)	▶	21		
	22. Total Payments (Add Lines 19, 20, and 21)	▶	22		
Refund	23. If Line 22 is greater than Line 18, enter amount overpaid. (Subtract Line 18 from Line 22)	▶	23		
	24. Amount of Line 23 you want applied to your 2001 estimated tax	▶	24		
	25. Amount of Line 23 you want to contribute to: (See instructions, Page 17)				
	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					
Total Contributions	▶	25		00	
26. Amount of Line 23 you want refunded to you. (Subtract Line 24 and Line 25 from Line 23) REFUND	▶	26			
Amount You Owe	27. If Line 18 is greater than Line 22, enter the amount of tax you owe. (Subtract Line 22 from Line 18)	▶	27		
	28. If late: Enter Penalty (Multiply Line 27 by 10% (.10))	▶	28		
	29. If late: Enter Interest (Multiply Line 27 by number of months late or fraction thereof, then by 1% (.01))	▶	29		
	30. Interest on underpayment of estimated tax (from Form CT-2210; see instructions, Page 17)	▶	30		
	31. Amount you owe with this return (Add Lines 27 through 30) AMOUNT YOU OWE	▶	31		

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

STAPLE W-2s, W-2Gs, AND CERTAIN 1099s HERE

 CLIP CHECK OR MONEY ORDER HERE (DO NOT STAPLE)

SCHEDULE 1 - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME (See instructions, Page 18)

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	▶	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 _____	▶	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 Social Security Benefit Adjustment Worksheet, Page 20)	▶	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	▶	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) _____	▶	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 QUALIFYING JURISDICTIONS (FOR PART-YEAR RESIDENTS ONLY)

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

50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 24)	▶	50		
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FOR EACH COLUMN, ENTER THE FOLLOWING:

	COLUMN A		COLUMN B	
	Name	Code	Name	Code
51. Enter qualifying jurisdiction's name and two-letter code (See instructions, Page 24)	▶	51	▶	51
52. Non-Connecticut income included on Line 50 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 23)	▶	52	▶	52
53. Divide Line 52 by Line 50 (may not exceed 1.0000)	▶	53	▶	53
54. Apportioned income tax (See instructions, Page 24)	▶	54	▶	54
55. Multiply Line 53 by Line 54	▶	55	▶	55
56. Income tax paid to a qualifying jurisdiction (See instructions, Page 24)	▶	56	▶	56
57. Enter the lesser of Line 55 or Line 56	▶	57	▶	57
58. TOTAL CREDIT (Add Line 57, all columns) Enter this amount here and on Line 11 on the front of this form.		58	▶	58

TAXPAYERS MUST SIGN DECLARATION BELOW

DUE DATE: April 17, 2001

Make your check or money order payable to: **COMMISSIONER OF REVENUE SERVICES**, and write your Social Security Number(s) and "2000 Form CT-1040NR/PY" on your check or money order.

Attach a copy of all applicable schedules and forms to this return. Use envelope provided with correct mailing label, or mail to:

For **refund request** or **no tax due** – Department of Revenue Services
PO Box 2968
Hartford CT 06104-2968

For **payment** – Department of Revenue Services
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. The penalties for false statement are imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy for your records.	Your Signature	Date	Daytime Telephone Number ()	May DRS contact the preparer shown below about this return? (see Page 18) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's Signature (if joint return)	Date	Daytime Telephone Number ()	
	Paid Preparer's Signature	Date	Telephone Number ()	Preparer's SSN or PTIN ▶
	Firm's Name (or yours if self-employed), address, and ZIP Code			FEIN ▶