STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

FORM CT-1040EZ
Connecticut Resident EZ Income Tax Return

2001
EZ

For the year January 1 - December 31, 2001, or other taxable year ▶ beginning _____, 2001, ▶ ending _____, _____.

Label

Use the DRS label located on cover.

Otherwise, print or type. *(See instructions, Page 7)*

L A B E L   H E R E

Your First Name and Middle Initial   Last Name
▶

If a *JOINT* Return, Spouse's First Name and Middle Initial   Last Name
▶

Home Address (number and street), Apartment Number, PO Box
▶

City, Town, or Post Office   State   ZIP Code
▶

Social Security Number
__ __ __ : __ __ : __ __ __ __

Spouse's Social Security Number
__ __ __ : __ __ : __ __ __ __

↗ **IMPORTANT!** ↖
You **MUST** enter your SSN(s) above.

DEPARTMENT USE ONLY
— — 20

TELEFILING, WEBFILING, OR E-FILING MAY SPEED YOUR REFUND, see Page 4.

You may file Form CT-1040EZ if you meet *ALL* of the following conditions: *(See instructions, Page 6)*
   A. You were a resident of Connecticut for the entire taxable year; **and**
   B. You did **not** report federally taxable Social Security benefits for the 2001 taxable year; **and**
   C. You had no modifications to federal adjusted gross income **or** your only modification is a federally taxable refund of state and local income tax; **and**
   D. You are not claiming credit for income taxes paid to a qualifying jurisdiction; **and**
   E. You do not have a federal alternative minimum tax liability and are not claiming an adjusted net Connecticut minimum tax credit.

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. ▶ ☐

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

Filing Status

Check only one box.

NOTE: Generally, your filing status **must** be the same as your federal income tax filing status for this year. *(See instructions, Page 7)*
▶ A. ☐ Single
▶ B. ☐ Married filing joint return or Qualifying widow(er) with dependent child
▶ C. ☐ Married filing *SEPARATE* return _____
▶ D. ☐ Head of household (with qualifying person)   *Spouse's full name*

▶ __ __ __ : __ __ : __ __ __ __
Spouse's Social Security Number

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. Refunds of state and local income taxes (from federal Form 1040, Line 10; see instructions, Page 8) ▶	2	
3. **Connecticut Adjusted Gross Income** (Subtract Line 2 from Line 1) ▶	3	

Tax

4. Income Tax: From Tax Tables or Tax Calculation Schedule *(See instructions, Page 8)* ▶	4	
5. Credit for property taxes paid on your primary residence and/or motor vehicle. (You **must** complete *Schedule 2 EZ* on reverse and enter the amount from Line 26 here. *See instructions, Page 8.*) ▶	5	
6. **Connecticut Income Tax** (Subtract Line 5 from Line 4. If less than zero, enter "0.") ▶	6	
7. **Individual Use Tax** (Complete *Schedule 1 EZ* on reverse) Enter the amount from Line 18 here. You must enter "0" on this line if no use tax is due. *(See instructions, Page 8)* ▶	7	
8. **Total Tax** (Add Line 6 and Line 7) ▶	8	

Payments

9. Connecticut tax withheld (**Attach all W-2s and certain 1099s**; see instructions, Page 8) ▶	9	
10. All 2001 estimated tax payments and any overpayments applied from a prior year ▶	10	
11. Payments made with Form CT-1040 EXT (request for extension of time to file) ▶	11	
12. **Total Payments** (Add Lines 9, 10, and 11) ▶	12	

Refund

13. **If Line 12 is greater than Line 8**, enter **amount overpaid**. (Subtract Line 8 from Line 12) ▶	13	
14. Amount of Line 13 you want **applied to your 2002 estimated tax** ▶	14	

15. Amount of Line 13 you want to contribute to: *(See instructions, Page 9)*
   AIDS Research   ▶ ____ $2 ▶ ____ $5 ▶ ____ $15 ▶ other ____ .00
   Organ Transplant   ▶ ____ $2 ▶ ____ $5 ▶ ____ $15 ▶ other ____ .00
   Endangered Species/Wildlife   ▶ ____ $2 ▶ ____ $5 ▶ ____ $15 ▶ other ____ .00
   Breast Cancer Research   ▶ ____ $2 ▶ ____ $5 ▶ ____ $15 ▶ other ____ .00
   Safety Net Services   ▶ ____ $2 ▶ ____ $5 ▶ ____ $15 ▶ other ____ .00
   Total Contributions ▶ | 15 | 00

16. Amount of Line 13 you want **refunded** to you. (Subtract Line 14 and Line 15 from Line 13) **REFUND** ▶	16	

Amount You Owe

17. **If Line 8 is greater than Line 12**, subtract Line 12 from Line 8. Check if paying by credit card ☐ *(See instructions, Page 9)* **AMOUNT YOU OWE** ▶	17	

CLIP CHECK OR MONEY ORDER HERE (Do Not Staple)

Make your check or money order payable to:
Commissioner of Revenue Services
Write your Social Security Number(s) and "2001 Form CT-1040EZ" on your check or money order.

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

For **refunds and all other tax forms without payment** –
   Department of Revenue Services
   PO Box 150420
   Hartford CT 06115-0420

For **all tax forms with payment** –
   Department of Revenue Services
   PO Box 150440
   Hartford CT 06115-0440

Taxpayers must sign declaration on reverse — Due date: April 15, 2002 — Attach a copy of all applicable schedules and forms to this return.

SCHEDULE 1 EZ - INDIVIDUAL USE TAX

Complete this schedule if you have a Connecticut individual use tax liability. You owe use tax if you purchased taxable goods or services during the taxable year and did not pay Connecticut sales tax on the purchases. Individual items with the purchase price of $300 or more must be listed separately below. Although you do not need to list separately any individual item with a purchase price of less than $300, such items are subject to tax and the total of the purchase prices of these items should be reported on Line A. Multiply the sales and use tax rate by the purchase price of the item and enter the result in Column E.

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 (Col. E – Col. F but not less than zero)

A. TOTAL OF INDIVIDUAL PURCHASES UNDER $300 NOT LISTED ABOVE | A |

18. **Individual Use Tax** (Add all amounts for Column G) Enter here and on Line 7 on the front of this form. | 18 |
See **Informational Publication 2000(21)**, *Q & A on the Connecticut Individual Use Tax,* for more information.

SCHEDULE 2 EZ - CREDIT FOR PROPERTY TAXES PAID ON YOUR PRIMARY RESIDENCE AND/OR MOTOR VEHICLE
Failure to complete this schedule could result in the disallowance of this credit.

QUALIFYING PROPERTY	COLUMN A NAME OF CONNECTICUT TAX TOWN OR DISTRICT	COLUMN B DESCRIPTION OF PROPERTY If primary residence, enter street address If motor vehicle, enter year, make, and model	COLUMN C LIST OR BILL NUMBER (if available)	COLUMN D DATE(S) PAID (See instructions, Page 11)	COLUMN E AMOUNT PAID	
PRIMARY RESIDENCE					19 ▶	
AUTO 1					20 ▶	
MARRIED FILING JOINTLY ONLY - AUTO 2					21 ▶	

22. TOTAL PROPERTY TAX PAID (Add all amounts for Column E)	22 ▶	
23. **Maximum Property Tax Credit Allowed**	23	500 00
24. Enter the **Lesser** of Line 22 or Line 23 (If $100 or less, enter this amount on Line 26. If greater than $100, go to Line 25).	24	
25. **Limitation** - Enter the result from the *Property Tax Credit Limitation Worksheet. (See note below)*	25	
26. Subtract Line 25 from Line 24. **Enter here and on Line 5 on the front of this form.**	26 ▶	

NOTE: Enter "0" on Line 25 and do not complete the *Property Tax Credit Limitation Worksheet* if your filing status is:

Single and your Connecticut AGI is $54,500 or less;

Married Filing Jointly and your Connecticut AGI is $100,500 or less;

Married Filing Separately and your Connecticut AGI is $50,250 or less;

Head of Household and your Connecticut AGI is $78,500 or less.

Otherwise, complete the *Property Tax Credit Limitation Worksheet* on the inside back cover of this booklet and enter the amount from the worksheet on Line 25. DRS will help you calculate your property tax credit by using the *Property Tax Credit Calculator* on the DRS Web site at: **www.drs.state.ct.us**

Third Party Designee	Do you authorize DRS to contact another person about this return? *(See Page 9)* ☐ **Yes.** Complete the following. ☐ **No**

Designee's Name   Telephone Number   Personal Identification Number (PIN)
( )

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 that the penalty for willfully delivering a false return 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 Keep a copy for your records.

Your Signature	Date	Daytime Telephone Number ( )
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, Address, and ZIP Code		FEIN

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