

Schedule 1 Modifications to Federal Adjusted Gross Income (enter all amounts as positive numbers)

Additions to Federal Adjusted Gross Income (See instructions, Page 18)	32. Interest on state and local government obligations other than Connecticut	▶	32		
	33. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	▶	33		
	34. Special depreciation allowance for qualified property	▶	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.	▶	39		
	Subtractions From Federal Adjusted Gross Income (See instructions, Page 19)	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 19)		▶	42		
43. Refunds of state and local income taxes		▶	43		
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities		▶	44		
45. Do not use. Line reserved for future use		▶	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.	▶	49			

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

50. Connecticut AGI during the residency portion of the taxable year (See instructions, Page 23) ▶ 50

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 23)	▶ 51			▶
52. Non-Connecticut income included on Line 50 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page 22)	▶ 52			▶
53. Divide Line 52 by Line 50 (may not exceed 1.0000)	▶ 53	.		▶ .
54. Apportioned income tax (See instructions, Page 23)	▶ 54			▶
55. Multiply Line 53 by Line 54	▶ 55			▶
56. Income tax paid to a qualifying jurisdiction (See instructions, Page 23)	▶ 56			▶
57. Enter the lesser of Line 55 or Line 56	▶ 57			▶
58. TOTAL CREDIT (Add Line 57, all columns) Enter here and on Line 11.				▶ 58

Schedule 3 Contributions of Refund to Designated Charities (See instructions, Page 24)

AIDS Research ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00	Breast Cancer Research ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00
Organ Transplant ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00	Safety Net Services ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00
Endangered Species/Wildlife ▶ ___ \$2 ▶ ___ \$5 ▶ ___ \$15 ▶ other ___ .00	
59. TOTAL CONTRIBUTIONS. Enter here and on Line 25.	
	59

Due Date: April 15, 2003

Make your check or money order payable to: "Commissioner of Revenue Services"
 To ensure proper posting of your payment, write your Social Security Number(s) and "2002 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 refunds and all other tax forms without payment:
 Department of Revenue Services
 PO Box 2968
 Hartford CT 06104-2968

For all tax forms with payment:
 Department of Revenue Services
 PO Box 2969
 Hartford CT 06104-2969

Third Party Designee	Do you authorize DRS to contact another person about this return? (See Page 17) <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's Name	Telephone Number ()	Personal Identification Number (PIN) [] [] [] [] []
Sign Here Keep a copy for your records.	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.		
	Your Signature	Date	Daytime Telephone Number ()
	Spouse's Signature (if joint return)	Date	Daytime Telephone Number ()
	Paid Preparer's Signature	Date	Telephone Number ()
	Firm's Name, Address, and ZIP Code		FEIN