

19. Enter amount from Line 18. 19. [][] [][][][] [][][][] .00

3

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.

Table with 3 columns: Column A (Employer's federal ID No.), Column B (Connecticut Wages, Tips, etc.), Column C (Connecticut Income Tax Withheld). Rows 20a-20g.

20h. Enter amount from Supplemental Schedule CT-1040WH, Line 3. 20h. [][] [][][][] [][][][] .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 2007 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

23. Total Payments: Add Lines 20, 21, and 22. 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 you want applied to your 2008 estimated tax 25. [][] [][][][] [][][][] .00

26. Total Contributions of Refund to Designated Charities from Schedule 4, Line 63 26. [][] [][][][] [][][][] .00

27. Refund: Subtract Lines 25 and 26 from Line 24. For faster refund, use Direct Deposit by completing Lines 27a, 27b, and 27c. 27. [][] [][][][] [][][][] .00

27a. Type: checking [] savings [] 27b. Routing Number [][][][][] 27c. Account Number [][][][][][][][][][]

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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: 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 table with columns: Signature, Date, Telephone Number, SSN/PTIN, FEIN. Rows for Your Signature, Spouse's Signature, Paid Preparer's Signature, Firm's Name, Address, and ZIP Code.

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) []

Schedule 3 - Individual Use Tax

Complete this schedule to calculate your Connecticut individual use tax liability.

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 (Column E minus Column F but not less than zero)
•						
•						
•						
•						
•						
•	Total of individual purchases under \$300 not listed above					

62. **Individual Use Tax:** Add all amounts for Column G. Enter here and on Line 17. • 62. , . **00**

Schedule 4 - Contributions to Designated Charities

63a. AIDS Research 63a. , , . **00**

63b. Organ Transplant 63b. , , . **00**

63c. Endangered Species/Wildlife 63c. , , . **00**

63d. Breast Cancer Research 63d. , , . **00**

63e. Safety Net Services 63e. , , . **00**

63f. Military Family Relief Fund 63f. , , . **00**

63. Total Contributions: Add Lines 63a through 63f, enter amount here and on Line 26. • 63. , , . **00**

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

Make your check payable to: **Commissioner of Revenue Services**

To ensure proper posting, write your SSN(s) (optional) and "2007 Form CT-1040NR/PY" on your check.